



CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

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REPORT

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

FOR THE YEAR

1922.

BY

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## CITY OF LIVERPOOL.

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### EDUCATION COMMITTEE.

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#### REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1922.

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The Medical Officer begs to submit the following Report of the work of the School Medical Service for the year ended 31st December, 1922.

The Report follows the lines laid down by the Board of Education, and the official statistical tables required by the Board will be found in the Appendix.

At the beginning of the year the work of the Medical Staff was readjusted, and, an increase in the hours of the sessions during which inspection was carried on at the schools having been decided upon, it was found possible to reduce the numbers of Medical Officers, and the temporary Officers, Drs. Hanson, Thomas and Walker, the first two being part-time Officers and the last a whole-time Officer, accordingly left the service. Subsequently three of the permanent staff resigned, viz., Drs. Hewitt and Smart in April and Dr. McCarthy in July. These resignations left the Department under-staffed and, as the work was falling into arrears, two temporary whole-time Officers (Dr. Doris Brown and Dr. F. Hilton Sergeant) were appointed in October pending further permanent appointments.\* There were thus, at the end of the year, 11 whole-time Officers as compared with the equivalent of 14 at the end of 1921.

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\* These vacancies were filled in March, 1923, but one of the temporary officers is being retained to overtake arrears.

One new Clinic for the treatment of Scabies was opened in the Northumberland Street Day Industrial School in August, whilst the work of the Dental Hospital Clinic was, as foreshadowed in the last Annual Report, extended as from the beginning of the University session in October, the Clinic at Timpson Street being closed, and the work formerly carried out there transferred to the Dental Hospital Clinic.

The Nursing staff has been supplied by the Health Committee, with the exception of the work at the Minor Ailments Clinic at the North Corporation School and at Garston, and the visitation of certain Garston schools, this work being carried out by the District Nursing Associations.

At the end of the year there were 33 of the Health Committee's staff working for the Education Committee, 16 working more or less constantly at the various Clinics, the remaining 17 being detailed off for assisting at the medical inspection of the scholars, and for following up defects at the homes.

During the year three new schools, viz., Blackhorse Lane Council, Island Road Council and Leyfield R.C., were opened, making at the end of the year 164 Public Elementary Schools, with an average number on the rolls for the year of 138,493, and an average attendance of 122,807 or 89.6 per cent., the highest average since 1913.

The School Medical Officers have, during the year, carried out 115,835 examinations relating to 78,521 Elementary and Higher School children, as shewn in more detail below:—

Public Elementary Schools.

Routine examinations	...	...	...	35,608
Special examinations	...	...	...	11,811
Re-inspections	...	...	...	60,154
Total number of inspections	...	...	...	107,603
Number of individual children inspected				73,481

## Higher Schools.

Routine examinations	...	...	...	3,863
Special examinations	...	...	...	287
Re-inspections	...	...	...	4,082
Total number of inspections	...	...	...	8,232
Number of individual children inspected				5,037

## Uncleanliness.

A great improvement has been noticed in recent years in the conditions arising from want of attention to the cleanliness of the children's heads and bodies. Though there are still many children who are not clean and who require constant supervision, the gross cases of neglect, particularly of the hair, are now comparatively seldom met with. Thus, amongst the 35,608 routine cases examined, verminous heads requiring treatment were reported in 3,658 instances, or 10·3 per cent.; this represents 17·5 per cent. of the girls and 3·1 per cent. of the boys. So far as the bodies and clothing, were concerned, 1,411 or 3·96 per cent. were referred for treatment, being 1·35 per cent. on account of body lice and 2·61 per cent. on account of the need of soap and water, the proportion of boys and girls being approximately the same. Ten years ago the percentage of children requiring treatment was more than double that recorded in 1922. In addition to the examination of routine cases, the nurses who assist the Medical Officers at the schools examine as special cases many children brought forward by the teachers. The parents of all children found to be unclean and of those whose clothing is particularly bad are visited by the nurses and urged to remedy the defect, and in bad cases, in the event of this not being done, action has been taken under a section of the Liverpool Corporation Acts of 1913 or 1921. Statutory notices were thus served upon the parents in 89 instances, and it was found necessary to cleanse 39 children compulsorily at the Cleansing Station. In 10 instances legal proceedings were taken against the parents. Great use was made by the children of the baths at the two cleansing stations, 10,717 children being cleansed at Mansfield

Street and 8,363 at Beacon Street, figures nearly double those of 1920. There is no doubt that the children in the vicinity appreciate the cleansing facilities available.

The improved methods of dealing with verminous heads referred to in the last Annual Report have continued to give satisfaction, particularly the two types of special steel combs. The drawback to the general use of these combs is the high cost, whilst, in the case of one type, the combs are not sold on the market singly but can only be purchased by the dozen. By the use of these combs heads can be cleared of nits in a very short time, and the cutting of the hair, except in special circumstances, is obviated. Parents have been encouraged to attend the Cleansing Centres where the combs are lent them to remove the nits from their children's heads.

#### Nutrition.

From the records of the School Medical Officers it would appear that the nutrition of the children examined was fairly satisfactory, and that there is no evidence to shew that the war has left any permanent harmful physical effects on the present generation of school children.

Amongst the routine cases, the numbers requiring to be kept under observation for malnutrition were only 306 or 0·87 per cent., as compared with 1·3 per cent. in 1921 and 1920.

In 1913, the year before the war, it was reported that over 7 per cent. were badly nourished, and in 1914 the proportion was over 5 per cent., so that the recent figures may by comparison be considered good.

Though there was considerable unemployment during the year, relief given by the Poor Law Guardians and the unemployment benefits, along with the free meals provided by the Education Committee and other assistance given by public bodies or privately, have largely met the physical needs of many families who would otherwise have suffered privations.

The conclusions with regard to the nutrition of the children are borne out by the results of the weights of the children in schools in good, fair and poor neighbourhoods, as shewn in the following Table in pounds:—

Table A.—WEIGHTS—(Recorded in Pounds)

BOYS.

Neighbourhood.	5—6			6—7			8—9			12—13			13—14		
	1914	1917	1922	1914	1917	1922	1914	1917	1922	1914	1917	1922	1914	1917	1922
Good	...	37.7 (409)	38.2 (346)	41.5 (255)	41.4 (245)	49.8 (221)	43.95 (129)	53.40 (379)	60.7 (796)	69.7 (695)	74.09 (357)	75.2 (461)	70.3 (259)	76.40 (70)	76.40 (70)
Fair	...	...	39.55 (100)	39.95 (100)	42.14 (221)	43.65 (84)	50.35 (311)	53.55 (311)	60.7 (796)	69.7 (695)	74.20 (287)	75.2 (461)	70.3 (259)	76.85 (25)	76.85 (25)
Poor	...	36.6 (327)	37.5 (277)	38.65 (188)	39.2 (208)	39.7 (157)	40.35 (120)	50.55 (279)	67.0 (443)	67.7 (399)	69.95 (347)	67.5 (313)	72.5 (186)	74.30 (64)	74.30 (64)

GIRLS.

Neighbourhood.	5—6			6—7			8—9			12—13			13—14		
	1914	1917	1922	1914	1917	1922	1914	1917	1922	1914	1917	1922	1914	1917	1922
Good	...	37.0 (390)	38.4 (344)	40.25 (245)	40.3 (219)	49.3 (194)	42.35 (123)	52.10 (439)	70.8 (633)	71.2 (580)	73.75 (361)	74.20 (269)	80.5 (350)	76.9 (196)	84.90 (62)
Fair	...	...	38.80 (184)	38.80 (184)	40.3 (219)	42.50 (86)	51.50 (86)	70.8 (633)	71.2 (580)	73.75 (361)	74.20 (269)	80.5 (350)	76.9 (196)	85.40 (38)	85.40 (38)
Poor	...	36.2 (226)	36.8 (296)	37.65 (187)	40.6 (119)	38.8 (141)	40.20 (102)	49.30 (283)	67.5 (398)	68.6 (564)	69.50 (364)	73.4 (303)	74.1 (195)	79.05 (72)	79.05 (72)

The figures for 1922 were not estimated quite so closely as for the previous years, and are, therefore, not quite so reliable, but they are very similar to those of 1921, and so far as they go shew an improvement all round on the figures for 1914 and 1917, which are given for comparative purposes. The numbers in brackets refer to the numbers of children examined.

#### Minor Ailments.

Under this term are included various skin diseases, minor injuries, ear diseases, external eye diseases, etc., and of these ringworm, scabies and ear diseases are dealt with elsewhere in this Report. The great majority of the cases which come under the observation of the staff are seen at the Minor Ailments Clinics, comparatively few being actually seen when the Medical Officers are conducting their inspections at the schools. Thus, of 16,600 new cases of minor ailments under observation during the year, only approximately 2,500 were actually seen by the Medical Staff at the schools. This is not to be wondered at, seeing that the Doctors are only at each school for a comparatively short time each year.

No additional Clinics for the treatment of these defects were opened during the year, and there were, therefore, as at the close of the previous year, six Clinics, one being worked in two independent sections. These Clinics meet the needs of the City fairly well, except that for the North End, and especially for the Kirkdale district, no provision has yet been made.

The ailments treated at the Clinics comprise impetigo and septic sores (which form nearly half the cases on the books), minor injuries such as cuts, bruises, abrasions, scalds or burns, ringworm of the body, certain other skin conditions, various external eye diseases, and discharging ears (the number under treatment for this last defect being approximately 500, or 30 per cent. of the children in attendance at the Clinics).

The cases are sent in the main by the Teachers, but those children who are being treated privately or whose parents are in a position to afford private treatment are not eligible for Clinic treatment. Provided that the cases are sent for treatment sufficiently early, many children who would otherwise have to be excluded from school

are enabled to remain in attendance, whilst those absent from school are rendered fit to return at a much earlier period than was formerly the case. In some schools the increased attendance of recent years has been attributed to the opening of the Clinics. The Clinics thus, whilst alleviating a great amount of suffering on the part of the children, earn for the Committee a considerable sum in extra Government grant for school attendance.

The Clinics are kept open each week-day and at the desire of the Committee were during the year kept open during the holiday periods, but the attendances during holidays and on Saturdays fell far short of expectation. Thus, on Saturdays there was a total average attendance of 60 cases or 8·5 per Clinic, as against 858 or 122·6 per Clinic on other week-days. The total attendances during holidays at the six Clinics averaged 162 per occasion or 23 per Clinic, or rather less than one-fifth of those attending during term time, whilst of those who did attend two-thirds were irregular in their attendances. These figures must be considered to be disappointing, and show how much the Clinics depend upon the school teachers for the regular attendance of the children. As the Clinics are kept open only for cases which could not well be treated by the parents, it is difficult to explain the practically negligible attendances during holidays, except on the grounds of indifference on the part of the parents or on the supposition that the popularity during school term is largely due to the desire of the children for variety or to escape certain lessons at school.

From an enquiry recently made it appears that approximately two-thirds of the children are cured within a fortnight and 90 per cent. within a month. The cases requiring more than a fortnight's treatment are mainly cases of discharging ears, corneal ulcers and blepharitis: these cases all require regular treatment. Hitherto no charge has been made at Minor Ailments Clinics, as it was felt that the teachers should not be fettered in their attempts to secure early treatment.

A letter from the Board of Education towards the end of the year recommended that a charge should be made for all cases after the first fortnight. This would mean that most of the children suffering from the diseases referred to above would cease to attend the Clinics, as they nearly all come from poor families, and it being impossible,

in most cases, owing to distance and cost for the children to obtain the necessary daily treatment available at institutions, the conditions would, in the main, remain untreated unless complications set in.

A large number of the cases of ear discharge examined at the Aural Clinic have the treatment advised by the Specialist carried out at the Minor Ailments Clinics. By early and regular treatment these cases frequently improve in a short time and do not become chronic.

The following table shews the attendances at the different Clinics, there being an increase in the number of new cases and total attendances over those of the previous year. The average daily attendance has, however, fallen owing to some extent to the small attendances during the holidays.

Table B.—Shewing Attendances, etc., at the Minor Ailments Clinics during the year ended 31st December, 1922.

CLINICS.	New Cases.	Total No. of Attendances.	Average daily attendance.		Maximum attendances.
			Excluding Saturdays.	Saturdays only.	
NORTH CORPORATION ...	2,443	35,366	152·4	11·4	294
GARSTON ... ...	1,011	18,659	79·3	9·4	139
ST. DUNSTAN'S ... ...	2,501	28,757	126·2	9·1	227
ESKINE STREET ... ...	4,524	58,684	252·5	13·7	462
OLD SWAN ... ...	1,338	24,224	101·0	6·6	236
ST. GABRIEL'S ... ...	3,380	33,573	111·1	9·3	226
TOTALS FOR 1922 ...		15,227	199,263	858·2	60·0
TOTALS FOR 1921 ...		11,345	176,700	930·9	60·4
TOTALS FOR 1920 ...		9,337	116,130	660·0	48·9
TOTALS FOR 1919 ...		6,539	80,123	—	—
TOTALS FOR 1918 ...		2,167	26,762	—	—

A certain number of cases, approximately 70 or 80 in all, of *Molluscum Contagiosum*, a communicable skin disease consisting of small wart-like growths containing waxy material, have been reported by the School Medical Officers during the year, chiefly from the Minor Ailments Clinics, though a few have been discovered at the routine examinations of the scholars. With three or four exceptions all the cases were boys, and of these the great majority were about the ages of 11 to 13 and attended the public swimming baths. In none of the cases in which enquiries were made was it found that there were other cases in the family. The cases, in the main, came from Everton, Fairfield, and from South End schools in the neighbourhood of Park Road.

In most of the cases there were about half-a-dozen lesions, usually on the forearm, upper arm or trunk, but in several cases there were a great number of lesions, and some were associated with considerable inflammation of the surrounding skin.

Suitable treatment usually cures the condition in a few weeks, and very few cases have been found to recur. Attendance at school, in some instances, was permitted, but the children were prohibited from attending the baths until cured.

Prior to this year very few cases had been brought to the notice of the department, even from the Minor Ailments Clinics.

#### Ringworm.

There were 565 cases of Ringworm of the Scalp reported during the year, as against 661 in 1921, but as 69 were found to be wrongly diagnosed, the actual cases numbered 496, as compared with 558 in 1921 and 477 in 1920. At the end of the year there were 261 cases still under observation, the figures for the two preceding years being 285 and 312.

The following table shews in percentages the duration of the verified cases outstanding on the 31st December, 1920, 1921 and 1922:—

Table C.

Duration.		1920.	1921.	1922.
Under 3 months	...	17.4	21.3	15.5
3 to 6 months	...	38.5	33.8	39.8
6 to 9 months	...	20.2	25.7	23.0
9 to 12 months	...	12.2	8.0	11.5
12 to 18 months	...	5.3	7.2	5.8
Over 18 months	...	6.4	4.0	4.4
		100.0	100.0	100.0

With regard to the cases of long duration, they were, with few exceptions, all cases in which either X-ray treatment had been declined or had, for some reason or other, not been considered advisable.

All cases are examined by the School Medical Officers shortly after being reported, with the object of establishing the diagnosis and referring suitable cases for treatment at the X-ray Clinic, and frequent examinations are subsequently made in order to secure early readmission to school.

Approximately two-thirds of the cases were considered suitable for X-ray treatment, and 180, or about one-third, had this form of treatment, 152 at the Clinic and 28 at Hospitals. The average length of time taken to cure the cases by X-ray treatment at the Clinic is still four or five weeks, whilst treatment by means of ointment, lotions, etc., requires many months.

Dr. Oram, the Medical Officer in charge of the X-ray Clinic, reports that the X-ray method of treatment for the disease offers many signal advantages.

(1) It is rapid in its effect; within three weeks from the date of treatment all the hairs will usually have fallen out from the treated areas, leaving the scalp smooth and clean. The child under normal conditions is rendered free from infection and ready to attend school within about a month from the date of treatment, and may attend school wearing a cap to cover the bald area until the hair has completely re-grown, which usually takes from three to four months. The new hair is thick and luxuriant and usually curly.

(2) The treatment is simple, as shewn by the fact that the most severe cases require only about 20 minutes' treatment. The co-operation of the parents, which is often difficult to secure under the ordinary methods of treatment, is a minor matter, as they are only required to wash the head daily and apply an ointment with which they are supplied.

(3) The treatment is painless, and in this respect contrasts strongly with many of the medicinal methods employed to cure the disease.

The number of children treated at the Clinic during the year was slightly less than in 1921, but this can be accounted for by the diminution in the number of cases rerecorded, and not by any decrease in the popularity of the method of treatment, for whilst in 1921 the proportion of the cases which received treatment at the Clinic was 30 per cent., in 1922 the figure was 32 per cent. There is little doubt that if the percentage treated by X-rays were considerably increased the disease might be almost completely stamped out. The growth in the popularity of the treatment is very noticeable among the parents who attend with the children at the Clinic, and they freely express their appreciation of the advantages of the X-ray method of treatment over the less effective and more protracted treatment by ointments and lotions.

Ringworm of the body was reported in 348 cases, the smallest number hitherto reported, the numbers for the three preceding years being 521, 549 and 441.

## Scabies.

The decline in the prevalence of this disease recorded in 1921 has been continued, there being only 87 cases carried over to 1923, as against 205 cases under observation on January, 1st, 1922. The numbers reported during the year were 563 (43 being subsequently found not to be Scabies), as against 898 in 1921 and 1,237 in 1920. The figures are, therefore, down to the average pre-war level.

A Clinic for the treatment of this disease was opened in August in a former Day Industrial School in the South End, there being available in this building a steam disinfecting plant, and a good supply of hot water. During the four months of the year for which the Clinic was open 65 cases were treated, 40 of these being passed as fit for school within a week after treatment, 9 other cases within a fortnight, and 16 cases after a longer period. Four of these last had been re-infected and required further Clinic treatment. The Clinic has usually been open on three occasions each week, six or seven children attending for hot baths and the inunction of sulphur ointment, the same children attending on three consecutive days. Disinfection of the clothing is done each day at the Clinic, disinfection of the bedding from the home being arranged for at one of the Corporation Disinfecting Stations. As the number of cases reported diminished steadily towards the end of the year, it was not possible to open the Clinic every week, but there is no doubt that it has been an unqualified success and has had the effect of considerably reducing the average duration of the disease. It is hoped that it will be found possible to keep the Clinic open indefinitely.

## Tonsils and Adenoids.

The proportion of children suffering from Enlarged Tonsils or Adenoids, or both, reported as referred for treatment was 1 per cent., as compared with 1·9 per cent., 3·1 per cent., 2·9 per cent. and 7·4 per cent. in the four preceding years; whilst the proportion of cases noted as not sufficiently bad to require operative treatment was 4·6 per cent., as against 7·4 per cent. in 1921. The explanation of the steady falling off of the cases referred for treatment is

probably two-fold: firstly, that the numbers of cases treated during the past few years, chiefly at the Clinic, has enabled all the arrears to be disposed of, parents who have been unwilling to have treatment elsewhere having been glad to avail themselves of the facilities provided at the Clinic; and secondly, the adoption of a somewhat more conservative standard by the School Medical Officers.

In cases of doubt as to whether or not treatment is necessary, the children are sent to be examined by the Surgeon at the Clinic; this was done during the year in 240 cases, and in two-thirds of these operation was not advised. Owing to the falling off in the cases referred for treatment, viz., 742, as compared with 1,374 in 1921, it was only necessary to open the Clinic on 56 occasions, and only 555 children (including 13 from higher schools) were operated upon, as against 1,325 in the preceding year, the average number treated per occasion being 10, as compared with 10.8 the previous year. The operations comprised removal of tonsils only in 362 cases, adenoids only 146 cases, and both tonsils and adenoids in 47 cases.

Mr. Yorke, the Surgeon at the Clinic, reports that the selection of cases for operation is very strictly made after careful enquiries from the parents regarding the home conditions and the general health of the children. In a few children, in whom the tonsils were excessively enlarged, one tonsil was removed at a time, the second operation taking place some weeks later. All cases are, after operation, put to bed and kept at the Clinic for one night, and for a further night if there is any question as to the child's fitness to be sent home. This was done in seven cases. During the year there were only two cases in which the haemorrhage was more than moderate, and in neither was the loss of blood excessive or accompanied by collapse. During the two preceding years the percentage of haemorrhage cases at the Clinic was 3.5 and 3.6; this percentage was reduced in 1922 to 0.3 per cent. This great improvement was due to the use of the Tonsil Haemorrhage Clamp which has been devised by the Surgeon at the Clinic. In 25 cases the clamp was applied for commencing haemorrhage from one tonsil wound, whilst in five cases clamps had to be used for both tonsil wounds. The

instrument, which can be quite easily applied by the nurses, causes only slight discomfort, and can be left on for hours if necessary. In one case, which from the amount of bleeding appeared to be a haemophilic, the clamps were kept on for about 12 hours and finally were the means of controlling the bleeding. This risk of bleeding, which is most likely to occur during the first five or six hours after operation, demonstrates the value of keeping all children at the Clinic for the night following operation, where they can be constantly under skilled supervision.

A further risk occasionally attends the operation, but after an interval of four or five days. The sloughs about this time begin to separate, and occasionally in the process a fair-sized blood vessel may start to bleed. The Clinic nurse visits such cases and renders such nursing assistance as may be required. This complication has, however, only occurred on the average about once a year since the opening of the Clinic.

During the year 871 cases attended the Clinic, and of these 555 were operated upon, 26 were postponed as not being fit for operation, and in 279 the Surgeon did not consider an operation necessary. In a considerable number of these cases the home conditions were unsatisfactory, or the symptoms, noted at the school, had subsided by the time that the children attended the Clinic.

#### Ear Disease.

Deafness was reported in 0.55 per cent. of the children examined, suppurative otitis media (discharging ears) in 1.3 per cent., and other ear diseases in 0.38 per cent., proportions which are very similar to those in the previous year.

The danger of suppurative otitis media (discharging ears) is not fully appreciated, at least, by the public. Considerable ignorance on the part of parents has to be combated, owing to the prevalent impression that the disease would be certain to spread into the brain if anything were done to stop the ear discharge. As a result, the discharge is often allowed to become chronic, and the risks, which it was hoped to avoid, are thus rendered more likely.

As pointed out below by Mr. Yorke, the condition is complicated in a considerable proportion of the cases (at the Aural Clinic the figure was 20 per cent.) by disease of the bone. In some of these cases the disease spreads to the mastoid antrum and to the lining membrane of the brain, setting up meningitis or a cerebral abscess. When these complications occur the risks to life are very great, and each year a number of lives are lost which regular treatment for the ear condition might possibly have saved.

In Liverpool during 1921, for the age groups 5 to 15 years, out of a total of 480 deaths, 14 deaths were certified as due to mastoid disease and 51 to meningitis of all forms, including tuberculous meningitis, and it is practically certain that some of these 51 originated with ear trouble.

There are approximately 1,800 to 2,000 children in the schools with discharging ears, and if the proportion of the cases in which involvement of the bone was found at the Clinic holds good generally, there would be from 360 to 400 cases in which there is considerable risk to life.

The Aural Clinic at the North Dispensary, which was opened in May, 1921, has been kept busy throughout the year, 937 new cases having been seen and 377 re-examined.

Mr. Yorke, who is the Surgeon at both the Aural and the Tonsils and Adenoids Clinics, reports as follows:—

“The work of the Aural Clinic comprises:—

- (i) Making a detailed record of the history and nature of the ear defect.
- (ii) Performance of minor operations, such as the removal of polypi and granulations under local or nitrous oxide anaesthesia.
- (iii) Giving advice about routine treatment either to the Minor Ailments Clinics, if it is feasible for the child to attend there, or to the parents if home treatment must be relied on.

(iv) Re-examination of cases which require specialist supervision.

"It will be seen from the detailed table that nearly 80 per cent. of the children attending the Aural Clinic suffered from middle ear suppuration or the effects of it. As the prospect of arresting the discharge and conserving the hearing in such cases is in inverse ratio to the duration of the disease, it is felt to be of great importance to impress on the parents that a running ear is always serious and must be brought under immediate and continuous treatment. Such day-to-day treatment is accessible for a great majority of the children at the Minor Ailments Clinics, and the improvement thereby obtained has been in most cases considerable. In about 20 per cent., however, of the children examined at the Aural Clinic the middle ear suppuration was complicated by disease of bone, and complete cessation of discharge can hardly be expected, although amelioration is often obtained by systematic cleansing and the removal of granulations and polypi. Operation was considered necessary in eight cases which were accordingly sent to hospital, and three of these subsequently had the radical mastoid operation performed."

New Cases.

Total cases examined	...	...	...	...	942
Chronic suppurative otitis media:-					
Active o. ear	...	...	380	503	782
Active both ears	...	...	128		
Quiescent	...	...	...	224	
Catarrhal middle ear deafness	...	...	...		139
Internal Ear Deafness	...	...	...		1
Skin disease of external ear	...	...	...		16
Stenosis of meatus	...	...	...		2
Furuncle	...	...	...	...	1
Atrophic rhinitis	...	...	...	...	1

## Re-examinations.

Total cases examined	...	...	...	...	377
			Improved. Treatment Discontinued.		Treatment Continued.
Chronic suppurative otitis media	...	57		145	
Catarrhal middle ear deafness	...	9		14	
Other conditions	...	3		2	

## Treatment given at Aural Clinic.

Granulations removed	...	...	...	...	75
Wax, debris, etc., removed	...	...	...	...	173
Foreign body removed	...	...	...	...	3
Polypus removed	...	...	...	...	18

## Advice Given.

Referred to Minor Ailments Clinic	...	...	...	...	513
Referred to Hospital	...	...	...	...	11
Referred to Parent	...	...	...	...	70
Referred for Tonsils and Adenoids removal	...	...	...	...	18
Referred for Mouth Breathing	...	...	...	...	56
Referred for School for Deaf	...	...	...	...	9
Cases in which no treatment possible	...	...	...	...	30
Cases in which no treatment necessary	...	...	...	...	57

## Dental Defects.

The presence of active dental caries was noted in about 78 per cent. of the children of clinic age examined, this being the most prevalent defect amongst school children for which the Committee are required to make provision. As years go on and treatment is carried out over a wider area, the proportion will no doubt considerably diminish, but the problem will always be an expensive one to cope with.

At the present time the following Clinics are open:—(1) The Dental Hospital, (2) St. Gabriel's School, Beaumont Street, (3) Addison Street, and (4) Netherfield Road, the Clinic at Timpron Street having been closed in June, 1922, to allow of the extension of the work at the Dental Hospital referred to in the last Annual Report. There are five part-time dentists working at these Clinics for periods varying from three to eight sessions per week, two dentists working at each of the first two Clinics named above.

The Committee, after conferences with the University Authorities and the Committee of the Dental Hospital, decided to extend considerably the work at the Dental Hospital Clinic, and for this purpose took over on the 14th August additional accommodation on the first floor of the Hospital which had been set free by the opening of an up-to-date teaching school for Dental Students, adjoining the Hospital. It was arranged that under the personal supervision of the School Dentists, students in their fourth or final year should increase their experience of dentistry as affecting the school child by attending regularly at the Clinic for a period of from one to two months. Owing to the cost of the equipment the Committee decided to commence with a scheme by which only four or five students would attend simultaneously, but the premises will easily accommodate 12 students when the time comes for the extension of the Clinic. The sanction of the Board of Education having been obtained, the scheme was put into operation in October on the opening of the University winter session, and has already shewn excellent results. The work of the students, especially with regard to fillings, has been very satisfactory, whilst the arrangement has resulted in an increase in the amount of work undertaken. Thus, during the year there were 6,828 cases treated at the different Clinics, as against 5,859 the previous year, and it is expected that the numbers will be considerably greater during 1923, as the Dental Hospital Clinic extension had only been in operation for about three months during 1922.

The following summary shews how the amount of work in connection with the dental scheme has been increasing each year.

	1919.	1920.	1921.	1922.
Number of children examined in School	13,481	17,961	21,556	29,772
Number of children requiring treatment	10,539 (78.2%)	14,175 (78.9%)	17,750 (82.3%)	23,265 (78.2%)
Number of cases accepting treatment ...	5,328	7,522	7,580	9,418
Number of cases treated ... ...	4,515	5,218	5,859	6,828
Number of Schools visited ... ...	53	55	50	62

The proportion of the cases which, after having requested Clinic treatment and paid the small fee, actually attended the Clinic when summoned has varied considerably. In 1922 this was 72.6 per cent.; in the three previous years the figures were 77 per cent., 70.6 per cent. and 85 per cent.

With the extension of the Clinic at the Dental Hospital it has been possible to increase the number of schools served by the Clinics from 50 to 62, and a further increase in the number is anticipated during 1923.

When schools are first dentally inspected children of the ages of 6, 7 and 8 are examined, one age group being added each year, so that all the children of 6 years and upwards will soon be seen each year at many of these schools. The increased average age of the children examined accounts for the greater proportion of permanent teeth dealt with when compared with former years.

Several of the Dentists report that those children who, having received treatment in previous years, again attended for treatment, required quite minor dentistry and had much cleaner mouths than those attending for the first time. The children who had been treated in previous years and required further treatment in 1922 varied at the different Clinics from 25 per cent. to nearly 60 per

cent. of the total children attending; altogether, out of 6,828 children treated, 2,762, or 40 per cent., had previously been treated in former years. In 1921 and 1920 the percentages were 27·5 and 26·8, but it is anticipated that the proportion attending of those treated in previous years will steadily increase as the average age of the children inspected at the schools increases.

Two of the Dentists report that the parents seem more willing to accept the advice of the Dentist as to treatment, as they had noticed that their children had been in better health since being treated.

The statistical matter relating to the Clinics, required by the Board, will be found in Table IV D in Appendix A, which gives a summary of the work done at each of the Clinics.

The School Medical Officers continue to examine the teeth of children due for routine examination, and where the children attend schools not provided for by the Dental Clinics, notices continue to be sent to the parents advising them to secure any necessary treatment, either privately or at the Hospitals.

#### External Eye Diseases.

At the routine examinations 500 cases of external eye diseases, or 1·1 per cent., were discovered, as compared with 1·5 per cent. last year; 52 per cent. of these were cases of Blepharitis and 26 per cent. Conjunctivitis. These diseases are more prevalent in the poorer districts, and many of the cases attend at the Minor Ailments Clinics for treatment.

For some years past sporadic cases of what was considered to be Trachoma, a contagious inflammation of the lining membrane of the eyelids and front of the eye, have been discovered chiefly in the Kirkdale district, but not in sufficient numbers to require special action to be taken. During 1922, however, a number of suspicious cases were reported from one school in the Everton district, one school in the centre of the town, and one or two schools in the South End; this necessitated special examination of the children of the schools referred to. All cases suspicious of Trachoma were

sent to see Dr. Livsey, the Committee's Oculist, for examination and report, and those which turned out to be definite cases were excluded from school and seen again by him about every three or four weeks. In all, 32 cases were sent to Dr. Livsey, and he returned 28 as being definite cases of Trachoma, and four cases of Follicular Conjunctivitis. The line of demarcation between these defects is an arbitrary one, and the diagnosis admittedly very difficult, so much so that some oculists prefer frequently to suspend judgment until they have been able to observe the results of treatment. In very few of these cases was there any obvious evidence of disease which could be recognised except by a careful examination, nor did the children complain of any symptoms, such as watering or smarting of the eyes. Pannus, or involvement of the ocular conjunctiva, was absent in all, and as a result there will be no deterioration of the eyesight in any of the cases. Two-thirds of the cases came from the North End, and nearly all of these from the Everton school referred to: with two exceptions all the cases occurred amongst boys, and one of the two girls was a sister of a boy with the disease. The method of the spread of the condition was not discovered. The ages of the cases were in the majority of the cases 12 and 13. Of 28 cases under treatment only four were cured at the end of four months, the majority requiring six or eight months' treatment.

#### Defective Vision and Squint.

A systematic examination of the sight of the intermediates and leavers is made at the routine inspections, the entrants being omitted on account of the great majority of these not knowing their letters. In all, 4,830 cases of bad eyesight were reported amongst these groups of children, or 21.5 per cent., as compared with 23 per cent. in 1921 and 1920. About half of these were cases already known to the Department.

A large number of cases were also seen as "Special Cases," so that, in all, 5,000 cases were during the year referred to the Oculists for refraction, whilst in addition, nearly 3,000 cases needing treatment were carried over from 1921.

The various Hospitals in the City no longer undertake the treatment of school children, and the responsibility for this treatment rests solely upon the Education Committee. Practically all the cases which are treated are dealt with under the Committee's scheme.

Under this scheme, new cases are seen in the main at the consulting rooms of certain approved doctors, the re-examinations being dealt with at the three Clinics.

As shewn in Table IV B in the Appendix, the number of children for whom glasses were provided was 5,986, of whom 4,348 were new cases, which is 72 per cent. of the new cases referred for treatment, a very satisfactory proportion.

The Committee's arrangements for treatment have proved most satisfactory and leave little to be desired.

Squint was recorded in 2·85 per cent. of the children examined, that is, about one in every 35 children, or one in every four cases of defective eyesight.

In most cases where one eye squints or is amblyopic (*i.e.*, has defective sight), it is necessary when prescribing glasses to instruct the patient to practise the defective eye for a certain time each day for some months, according to certain printed instructions, in order, if possible, to restore the sight in the weak eye.

When this has been done regularly the results have, in some cases, been satisfactory. Unfortunately, experience has shewn that, except on a few occasions during the first few weeks after the glasses have been obtained, the instructions have very seldom been carried out, and in such cases the sight of the defective eye has almost always continued to deteriorate. The remedy lies in the discovery and treatment of these cases at the earliest possible moment.

The importance of the early treatment and proper care of squinting eyes from the utilitarian as well as from the aesthetic point of view was fully discussed in the previous Annual Report. Unfortunately, though parents often notice a child's eye squinting before

school life commences, the condition is usually left untreated until the child attends school, by which time the sight in the squinting eye has often seriously, and perhaps permanently, deteriorated.

Attention must again be drawn to the obvious fact that treatment for Defective Vision or Squint is not satisfactory unless the glasses which have been obtained are worn constantly. This matter received the attention of the Committee at the end of 1921, and on their instructions the Head Teachers were requested to keep in close touch with children who do not wear their glasses regularly, and were recommended to keep at the schools the glasses of such children. These recommendations have been adopted, more or less completely, in some schools with marked advantage, and in certain schools the teachers have noted an improvement in the work of those scholars who, as the result of this supervision, now wear their glasses regularly.

At the re-inspections of the schools the Medical Officers reported that 31 per cent. of the children were not wearing their glasses. Though this is 5 per cent. better than in the two preceding years, the percentage cannot be considered satisfactory. In about two-thirds of these cases the excuses were legitimate ones, namely, that the glasses were lost, damaged or unsuitable. But even in most of these cases very considerable delay had occurred in having the matter remedied, owing to the parents having taken no steps until the next visit of the Medical Officer to the school. Many parents, however, at the instigation of the Teachers or School Attendance Officers, or on their own initiative, bring their children down to the Education Office, or make written application to obtain new glasses or have the old ones repaired. From the point of view of efficiency this should be encouraged, as the shorter the delay in attending to the matter the more benefit will the children derive from their instruction at the schools. In the case of the remaining third the reason usually given was dislike of the glasses, either because other children make fun of those who wear glasses or owing to personal vanity.

Notices were sent to the parents in 1,231 instances to urge the necessity for constant use of the glasses, and in 3,286 instances *re* repair or replacement of broken, lost or unsuitable glasses.

### Tuberculosis.

During the year 291 cases of tuberculosis or doubtful tuberculosis were examined, 151 being pulmonary cases, 82 glandular, and 58 other forms of the disease.

Of these cases there were discovered at the routine examinations only two definite and 44 doubtful cases of pulmonary tuberculosis, these being the final figures after the children had been examined by the Tuberculosis Officers, or after re-examination by the School Medical Officers. The routine examinations also led to the discovery of 29 cases of tubercular glands, and 18 cases of other forms of tuberculosis, a total of 93 actual or doubtful cases, or 0·26 per cent. of the children examined, as against 0·11 per cent. in 1921, and 0·4 per cent. in 1920.

Amongst the special cases examined at the schools or at the Inspection Clinics (most of these latter cases being absentees from school) there were found 70 cases of pulmonary tuberculosis, 35 cases of suspected pulmonary tuberculosis, 53 cases of tubercular glands, and 40 other forms of the disease.

Most of the definite and suspected cases are referred to the Tuberculosis Department for further examination and for treatment if required, detailed reports concerning each case being subsequently returned. The Tuberculosis Department also supplies at frequent intervals particulars of all children of school age examined by the Tuberculosis Officers in order that the School Medical Department may be in a position to take any necessary action, such as the arrangements for treatment for adenoids or defective teeth, or the exclusion from, or re-admission to school, whilst the information with regard to each child is of great assistance when further examinations of the child are subsequently made by the School Medical Officers.

During the year the Tuberculosis Department supplied information with regard to 1,613 children, including 422 children referred to that Department from the School Medical Officers.

From Table III in Appendix A it will be seen that at the end of the year, the total number of children of school age known to be suffering from pulmonary tuberculosis was 492, practically the same as last year, whilst the non-pulmonary cases numbered 408, of which 69 were in attendance at public elementary schools and 83 at schools for the physically defective. Of the 492 cases of pulmonary tuberculosis 126 were in Institutions, chiefly at Fazakerley and Parkhill Sanatoria, where special open-air classes are arranged for those children whose state of health permits.

Dr. Rundle, the Medical Superintendent at Fazakerley Sanatorium, states that the total number of children attending these classes is 39, of whom 35 were pulmonary cases, but cases in which no tubercle bacilli were present in the sputum. The school hours are 10 a.m. to 12 noon and 2 p.m. to 3.30 p.m., or 3½ hours altogether, and the average age of children attending is 9.8 years.

Dr. Macintyre, the Medical Superintendent of Parkhill Sanatorium, reports that during the first half of the year, the average attendance at the classes was 51, but that, owing to the accommodation at the Sanatorium being considerably reduced at the end of June, the average attendance in the second half of the year was only 29. Owing to the marked variations in age and educational attainments of the children, the grading of the children presented difficulties. The ages varied from 6 to 15 years, and 14 of the children over the age of 9 years could, owing to previous irregular attendance at school, neither read nor write on admission to the Sanatorium.

The progress of the children was remarkably good, and the results throughout the year highly satisfactory, both from an educational point of view, and in confirming previous experience as to the value of the school as an adjuvant to treatment.

Miss James, the Supervisor of Special Schools, has continued to give valuable assistance by her advice on, and supervision of, technical matters.

A slight increase in the number of cases of surgical tuberculosis known to the Department outstanding at the end of the year has to be recorded.

Of 408 cases, 69 were in attendance at Public Elementary Schools, 83 at Schools for Physically Defective Children, and 93 were patients in various institutions, especially the Hospital for Children at Leasowe, where the children receive education when their physical condition admits, such education being an important factor towards a cure.

The Resident Medical Officer, on the discharge of these children, supplies the information with regard to the suitability or otherwise of their return to Public Elementary School with or without certain precautions.

#### Infectious Diseases.

All the enquiries into the prevalence of infectious disease continue to be undertaken by the Public Health Department, the procedure with regard to notification and exclusion of cases also being unchanged.

Measles, which had been very prevalent in December, 1921, continued to a lesser extent in January, 1922, and necessitated the closure of the Infants' Department of one school in Wavertree in that month. A school in St. Michael's was closed on that account in May, another in Walton in November, and one in Garston in December. It is in accordance with the experience of previous years that the outbreaks occurring in the intervals between major epidemics occur principally in the outskirts of the town. In the Infants' Department of one school 10 cases of measles occurred in one week in a single class; all children in this class who had not had the disease were excluded for ten days, and, excepting those cases which developed in that period, no further cases occurred. So limited an outbreak is, however, unusual.

The most severe outbreak of Influenza which has affected the City since 1918-19 occurred in January-February, 1922. Two neighbouring schools in Everton were rapidly involved, and were closed on January 25th and 27th. The disease was, however, widespread, and by January 31st the Infants' Departments of 18 other schools had been closed. The disease increased until the third week in February, in which week 520 deaths from all causes were recorded, of which 51 were definitely ascribed to Influenza, and 210 to other respiratory diseases. The mortality among children under 10 years of age was relatively higher than in the years 1918-19. During the outbreak 67 schools were entirely closed, in 26 two or more departments were closed, and in a further 26 schools only the Infants' Department was closed.

On January 30th the attention of the Cinematograph Exhibitors' Association was directed to the prevalence of Influenza in epidemic form. This body subsequently held a meeting, and voluntarily agreed to exclude children under 10 years of age during the continuance of the epidemic. The Sunday Schools were also closed for a short period. After the third week in February the outbreak rapidly declined.

The Infants' Department of one school was closed in May on account of the prevalence of Mumps. Two private schools were affected with Scarlet Fever, and in one case this school was voluntarily closed.

As in previous years a number of schools were visited on account of the occurrence of cases of Diphtheria, and in cases where carriers were discovered these were excluded from school until certified by the City Bacteriologist as no longer harbouring the diphtheria bacillus.

The number of school cases reported during the year were Measles 1,812, Whooping Cough 1,301, and Scarlet Fever 1,191, as compared with Measles 4,444, Whooping Cough 1,808, and Scarlet Fever 1,716 in 1921.

## Notifications to Parents re Defects.

The following table shews the number of notices sent to parents relating to various defects discovered during the course of the medical inspection of the scholars, compared with the number sent out in 1921.

Table D.

Defect.	First Notices.		Second Notices.		Third and subsequent Notices.		Totals.	
	1921	1922	1921	1922	1921	1922	1921	1922
Defective Vision :—								
A.—Untreated Cases .....	4,843	3,830	983	668	116	151	5,942	4,662
B.—Previously treated cases :—								
(i) Glasses lost, broken, or unsuitable.....	2,804	3,286	27	23	2	4	2,833	3,313
(ii) Glasses not being worn .....	1,429	1,231	157	161	29	27	1,615	1,419
Eye Conditions .....	237	195	23	12	4	1	264	208
Defective Hearing .....	61	40	7	4	2	—	73	44
Diarrhoea .....	220	172	34	21	7	6	261	199
Other Ear Conditions.....	227	169	43	63	13	13	283	236
Enlarged Tonsils and Adenoids ...	1,907	1,041	227	144	42	43	2,176	1,228
Defective Breathing .....	2,152	1,395	261	180	78	31	2,491	1,609
Defective Teeth :—								
A.—Referred by School Medical Officers .....	3,296	2,876	1,286	1,092	732	533	5,314	4,591
B.—Referred by School Dentists	17,750	23,265	—	—	—	—	17,750	23,265
Anæmia and Malnutrition .....	187	205	9	2	—	1	196	208
Skin Conditions .....	185	100	3	5	2	—	190	105
Chest .....	141	144	2	3	—	—	143	147
Deformities .....	67	84	7	5	1	3	75	92
Other Defects .....	441	427	57	30	10	10	511	467
Totals .....	35,953	38,451	3,126	2,413	1,038	829	40,117	41,693

## Exclusions from Schools.

The following table shews the number of children excluded from school by the School Medical Officers during the course of their school inspections, or at the various inspection or treatment Clinics. The numbers excluded were, as shewn in the table, very similar to those of the previous year.

Table E.

Defect.							1921	1922
Eye diseases	...	...	...	...	...	...	431	472
Seabies	...	...	...	...	...	...	384	244
Ringworm of body	...	...	...	...	...	...	274	215
Ringworm of scalp	...	...	...	...	...	...	250	199
Other Skin conditions	...	...	...	...	...	...	278	238
Infectious diseases	...	...	...	...	...	...	242	222
Pediculosis	...	...	...	...	...	...	199	210
Chest Conditions (non-tubercular)	...	...	...	...	...	...	47	33
Tuberculosis (all forms)	...	...	...	...	...	...	27	18
Otorrhoea	...	...	...	...	...	...	21	12
Miscellaneous	...	...	...	...	...	...	237	202
TOTALS	...	...	...	...	...	...	2,390	2,065

## Following-up.

The methods for following up defects at the homes which have been in force in previous years have been continued, namely:—

- (1) The School Attendance Officers visit the parents of children with defects where the Committee have provided treatment for which a charge is made, viz.:—Defective Vision, Tonsils and Adenoids, Dental Defects referred by the School Dentists, and Ringworm cases referred for X-ray treatment. There were referred during the year 31,907 such cases for following up. Children who fail to attend at the various Clinics are also followed up by these Officers.
- (2) The School Nurses follow up, with a few exceptions, the other medical cases and all the verminous and generally neglected children. The numbers referred in 1922 were 11,053.
- (3) In the case of one school a Care Committee makes itself responsible for the following up.
- (4) The Child Welfare Association has continued to render valuable help in securing convalescent treatment, surgical treatment or appliances, special tonics or extra nourishment for children requiring such treatment. Some 515 cases were referred during the year, rather fewer than in the previous year.
- (5) The Tuberculosis Department has dealt with 134 cases referred for diagnosis and treatment.
- (6) Cases living outside of Liverpool, but attending Liverpool schools, are referred to the School Medical Officer of the Authority responsible.

Table F gives the results of the following up as reported by the visitors undertaking the work.

Table F.

Following up Agencies.		Carried over from previous year.	Referred during 1922.	Total.	Treated.	Treatment refused or evaded.	Left School, etc.	Total reported upon.	Cases still under observation at end of year.
SCHOOL ATTENDANCE STAFF—									
Vision	...	2,606	6,914	9,520	6,426 (67.50%)	1,528 (16.05%)	252 (2.64%)	8,206	1,314
Dental: School Dentists' Cases		6,784	23,266	30,059	10,643 (35.42%)	11,696 (38.92%)	304 (1.01%)	22,643	7,407
Tonsils and Adenoids	...	440	1,365	1,805	816 (45.21%)	767 (42.40%)	43 (2.38%)	1,626	172
Ringworm of Scalp ( <i>✓</i> X-Ray Treatment)	...	16	362	378	154 (40.74%)	197 (52.12%)	1 (0.26%)	352	26
FEMALE SANITARY STAFF—									
Medical Defects	...	3,943	4,117	8,060	3,118 (38.68%)	3,209 (39.81%)	487 (6.04%)	6,814	1,246
General Neglect	...	2,922	5,127	7,349	6,264 (85.24%)	—	—	6,264	1,085
Verminous	...	1,142	1,809	2,951	2,574 (87.22%)	—	—	2,574	377
Other AGENCIES—									
Medical Defects	...	385	613	998	724 (72.55%)	227 (22.75%)	5 (0.50%)	953	42

## Supervision of Absentees.

As mentioned in previous Reports, children absent from school on medical grounds are, from time to time, examined by the School Medical Officers at some Inspection Clinics, with the object of noting progress and giving certificates of re-admission when the children are fit to return. These examinations are carried out on Saturday mornings and during school holidays when the ordinary work of inspection is in abeyance. In the case of Phthisis, Ringworm of the Scalp and Scabies, the Committee require the certificate of the School Medical Officer before children are re-admitted to school.

The following table shews the results of the examination of absentees during the year. The falling off in the number of absentees examined was due to the smaller Medical Staff available, but owing to the fact that cases of Ringworm, Scabies and Tuberculosis require certificates from the School Medical Officer before re-admission to school, the examinations of these cases were kept up to date.

Table G.

DEFECT.	Children re-admitted to school.	*No. of examina- tions of children not re-admitted to school.	Total Examina- tions.
Ringworm of Scalp ... ... ... ... 533 1,033 1,566			
Scabies ... ... ... ... 697 698 1,215			
Other Skin conditions ... ... ... ... 132 83 215			
Eye Diseases ... ... ... ... 67 98 165			
Deafness ... ... ... ... 2 6 8			
Ear Diseases ... ... ... ... 12 13 25			
Phthisis and supposed Phthisis ... ... ... ... 57 165 222			
Other Chest conditions... ... ... ... 86 135 221			
Tuberculosis other than Phthisis ... ... ... ... 116 136 252			
Injuries and Deformities ... ... ... ... 7 4 11			
Heart ... ... ... ... 31 102 133			
Rheumatism ... ... ... ... 11 31 42			
Anæmia and Debility ... ... ... ... 99 175 274			
Nervous ... ... ... ... 42 70 112			
Other Defects ... ... ... ... 63 85 148			
Tonsils and Adenoids ... ... ... ... 6 10 16			
Other Crippling Defects ... ... ... ... 17 74 91			
No defect found ... ... ... ... 13 — 13			
<b>TOTALS FOR 1922</b> ... ... ... ... 1,901 2,828 4,729			
<b>TOTALS FOR 1921</b> ... ... ... ... 2,777 3,816 6,593			
Do. do. 1920 ... ... ... ... 1,771 3,361 5,132			
Do. do. 1919 ... ... ... ... 1,404 3,075 4,479			

\* These figures indicate several examinations of certain of the children, approximately two to each.

## HIGHER SCHOOLS.

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The routine medical inspection of the pupils required by the Board of Education was carried out in nine out of the eleven provided and non-provided Secondary Schools and Day Technical Schools of the City. On the rolls of these schools there are 7,423 pupils, and of these 3,863 were inspected during the year, as compared with 2,668 in 1921, and 1,150 in 1920, each school being visited each term. The numbers due for routine examination will increase yearly for the next three or four years, by which time approximately 6,800 children or nine-tenths of the pupils will require an annual inspection. Re-examinations of pupils previously found to have defects were carried out to the number of 4,082, and 287 special cases were also examined, the numbers for 1921 being 2,991 and 299 respectively.

First notices were sent to the parents relating to 1,331 defects, chief amongst these being dental defects 354, mouth breathing 204, defective vision 168, repairs to glasses, etc., 201, and deformities 142.

Defective vision was recorded in 22.9 per cent. of the boys and 20.7 per cent. of the girls, or 22.2 per cent altogether. Whilst this is apparently approximately the same proportion as in the Elementary Schools, the figures are not really comparable, as the standard adopted for Higher Schools pupils is somewhat more severe than for those attending Elementary Schools. This also applies to most of the other defects. One point with regard to defective vision of the pupils of Higher and Elementary Schools to which attention may be drawn is that in the latter the proportion of girls so suffering has always been about 3 to 4 per cent. greater than that of the boys, whereas in the Higher Schools there were 2 per

cent. more cases amongst the boys than amongst the girls. The proportion of pupils not wearing their glasses, 17 per cent., is only about half that of those attending Elementary Schools, whilst those not wearing their glasses who were not able to make the excuse that their glasses were broken or lost were much less frequently habitual offenders than those in the Elementary Schools.

Dental defects were noted in 13 per cent., or 5 per cent. fewer than in 1921. It was satisfactory to note that a large number of the pupils when examined shewed evidence of being under the regular care of the dentist, and the mouths of the pupils generally were in a very much more healthy condition than those of Elementary School children, even the 13 per cent. referred to including a fair proportion of cases with only slight dental caries.

Deformities were recorded in 12 per cent. of the pupils, two-thirds of these being cases of flatfoot, mostly in the early stages. It was hoped that the gymnasium instructors of the various schools would be able to co-operate in the remedy of most of the deformities by superintending special exercises at the schools. This has, however, been found to be impracticable in most of the schools, owing to the fact that these officers are already so fully engaged that they are unable to undertake such additional duties, important though they may seem.

In one or two of the schools the standard of cleanliness was considerably below what might have been expected, but in the remainder the standard was fairly satisfactory, though in individual cases it was necessary to draw the attention of the parents to the matter.

The following up of the defects was, by arrangement, left to the Head Teachers, who are usually in close touch with the parents. As a matter of fact, the parents as a whole shewed themselves, as

might be expected, usually eager to secure the treatment suggested, with the result that the proportion of cases treated was very satisfactory.

The Clinics provided for the Elementary School children were made available for Higher School children whose parents cannot afford private treatment, and in the case of defective vision arrangements were made with certain oculists to see pupils at a reduced fee if the parents cannot afford the full fee.

The heights and weights of the routine cases at each school have been recorded by the gymnasium instructor where there is such an official, and the following table shews the results in inches and pounds, whilst for comparison the figures for well-nourished Elementary School children in Liverpool, drawn up in 1909, are inserted. It will be noticed that the Higher School pupils have a slight advantage all round.

Table H.

## BOYS.

Age.	HIGHER SCHOOL CHILDREN.			WELL-NOURISHED ELEMENTARY SCHOOL CHILDREN.	
	Number examined.	Height.	Weight.	Height.	Weight.
8—9	42	49.28	54.51	48.0	51.75
9	62	51.54	61.07	50.1	56.55
10	75	53.25	63.32	52.2	62.70
11	140	54.99	68.36	53.7	66.85
12	372	56.55	75.93	55.5	72.25
13	471	57.09	81.59	57.6	79.45
14	404	60.29	90.19	59.5	87.30
15	173	62.14	101.42	62.0	98.50

## GIRLS

Age.	HIGHER SCHOOL CHILDREN.			WELL-NOURISHED ELEMENTARY SCHOOL CHILDREN.	
	Number examined.	Height.	Weight.	Height.	Weight.
8—9	39	49.50	55.31	48.1	52.35
9	37	50.56	55.84	49.9	57.25
10	51	53.21	64.94	51.7	61.60
11	66	55.00	70.21	53.6	68.65
12	231	56.97	77.81	56.2	76.60
13	243	59.17	87.23	57.8	83.55
14	189	60.86	96.94	59.8	93.45
15	79	61.38	102.75	60.8	102.30

All the tables relating to Higher Schools are shewn in Appendix B, pages 65 to 74.

## BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Six Special Schools are conducted for defective children—the same number as last year. Four are double centres for both physically and mentally defective children, one a centre for mentally defective children only, and one a residential country school for physically defectives. The total accommodation provided, the number on the rolls, and the average attendance are as follows:—

	Accommodation.	Number on Rolls	Average attendance.
Mentally defectives ...	48 <sup>2</sup>	527	438
Physically defectives ...	383	468	367
Residential school ...	50	50	49

The arrangements for ascertaining what children are mentally defective within the meaning of the Elementary Education (Defective and Epileptic Children) Acts are those approved by the Board of Education, and similar arrangements exist so far as physically defectives are concerned. Examinations have been conducted throughout the year by the two Medical Officers appointed, in conjunction with Miss T. M. James, the Supervisor of Defectives, of cases notified to the Education Committee as mentally or physically defective, and the results are tabulated below:—

					Physically Defective.	Mentally Defective.
Children summoned for examination	...	...	...	...	282	339
Children presented for examination	...	...	...	...	187	274
Passed as suitable for special schools	...	...	...	...	82	126
To remain in Elementary Schools	...	...	...	...	29	60
Unsuitable for any School	...	...	...	...	7	—
Notified to Lancashire Asylums Board as—						
(a) Imbeciles	...	...	...	...	...	17
(b) Idiots	...	...	...	...	...	4
(c) Moral Imbeciles	...	...	...	...	...	1
(d) For supervision (16 years of age)	...	...	...	...	...	11
To be re-examined	...	...	...	...	8	40
Passed for Open-air Schools	...	...	...	...	47	—
Passed for Epileptic School	...	...	...	...	5	—
Miscellaneous	...	...	...	...	9	15

In addition to new cases, the children already in Special Schools were examined both as to their mental and physical condition, as required by the Act of 1899, the visits to the schools and the number examined being:—

							Physically Defective.	Mentally Defective.
No. of Visits	...	...	...	...	...	...	36	17
Children examined	...	...	...	...	...	...	1,279	323

At one of the Special Schools arrangements have been made for massage treatment, the Nurse engaged for this purpose being paid jointly by the Education Committee and the Liverpool Child Welfare Association. The cases for treatment are selected by the Certifying Officer and are under his supervision. The Certifying Officer (Dr. Murray Cairns) reports as follows:—

“Twenty-one children are now under treatment, all of whom have benefited to a more or less degree physically. In some cases movement is freer, muscles less rigid, and the limbs more generally useful. In others wasted muscles have begun to improve, and the affected parts are beginning to fill out. Circulation is better and the susceptibility to chilblains is lessened.

“Treatment has been discontinued in four instances—three did not respond and one has gone to hospital. In two or three cases the improvement is marked, but the results from massage treatment are slow, and are difficult to gauge from the short time the work has been in progress.

“The treatment of the children suffering from Infantile Paralysis was more or less experimental, and these cannot be counted among the more successful cases.

“For these, electrical treatment might be an added help, but the prognosis is doubtful.”

Appended is a Memorandum by Dr. John Owen, one of the Certifying Officers, referring to two classes of special cases which have come under his observation, viz. :—

(a) Deaf-mutes.

(b) "Conduct cases" following Epidemic Encephalitis.

"The routine work of a Certifying Medical Officer to an Education Authority is occasionally relieved by the development of new aspects of certain defects in children, and by the appearance of hitherto unknown sources of mental defect. Two such groups of interest and importance have appeared within the last two years—the deaf mute and the 'conduct case' following epidemic encephalitis.

#### "DEAF MUTES.

"Dr. Hurst, of Guy's Hospital, demonstrated two years ago a group of cases of deaf mutism in which he had been able to obtain a certain amount of useful hearing and speech. This led to a more careful investigation of certain cases of deaf mutism referred to the Certifying Medical Officer in Liverpool. The interesting discovery was made that several of these children possessed a surprising degree of hearing. This fact was elicited by issuing commands when the child's face was turned away from the speaker and finding that these commands were obeyed—and this, in many cases, without raising the voice to any great degree. The explanation of this is as follows:—Certain infectious diseases—more especially Cerebro-spinal (epidemic) Meningitis (Spotted Fever)—often attack the auditory nerves. The resulting inflammation leads, in varying degrees, to the destruction of these nerves, with the result that the function of hearing is lost or greatly impaired. It is well known that any damaged nerve, whatever its function, is capable of recovery, the amount of recovery depending on the nature and degree of the injury; the recovery would naturally lead to the

restoration of function, the degree of restoration again depending on the amount of repair which had taken place in the nerve. Now this process of repair may gradually extend over a long period—up to two years—so that the restoration of function is often postponed. Seeing that Cerebro-spinal Fever often attacks children at an age when speech has barely commenced, it is easily seen how a child of, say, three years of age (a victim of such an illness) may be regarded as a permanent “deaf mute” if particular care is not taken to look for any slight return of hearing. The child being regarded as a “deaf mute” then becomes accustomed to read signs and lip movements, and after a period of many months entirely neglects to utilise what little faculty of hearing it may be regaining. Moreover, the child’s *entourage* get into the habit of communicating by means of pantomime and naturally do not address the supposed “deaf-mute” in spoken language. At the end of two years or so the child is an accepted “deaf-mute,” notwithstanding the fact that the function of its auditory nerves may be undergoing gradual restoration. This is the time and opportunity for teaching the child to *listen*, if there is any degree of hearing to practise upon. When there is actually some residual hearing, it can be ascertained by the experiment of shouting an order with the child’s face turned away from the speaker.

“There is another method of ascertaining the functional condition of the auditory nerves. The auditory nerves are comprised of two distinct sets of fibres. One set deals with the reception of sound vibrations. The other set of fibres terminates in the semi-circular canals of the internal ear and presides over the function of equilibration of the body. This part of the auditory nerve is known as the vestibular nerve. The functional state of the vestibular nerve can be ascertained by a simple test employed by aural surgeons; and it was this test which was employed by Dr. Hurst to pick out likely cases from amongst ‘deaf-mutes,’ on the assumption that function in one set of fibres indicated returning function in the other set.

"In the few cases dealt with in Liverpool, the attention of the teacher has been drawn to the fact that a certain amount of hearing was present, by the simple experiment of testing the hearing by issuing orders from the back of the child, and the teachers were encouraged to train these children to *listen*, and not to encourage pantomime and lip methods of communication. The few cases which are likely to appear will, in future, be more carefully investigated and appropriate recommendations made.

"'CONDUCT CASES.'

"This group comprises children whose conduct undergoes a change as a sequel to epidemic encephalitis. About a dozen of these cases have come under notice. Children who were said to have been exemplary in conduct and up to or above the average in school have fallen victims to an epidemic of encephalitis (sleeping sickness), and in the course of the following twelve months have turned out to be incorrigible and uneducable. They appear to have lost all control, and cannot be handled either at home or at school. They are incorrigible, and punishment has no effect. They lie, pilfer, create disturbances, are noisy, impudent, restless and sleepless. They are referred to the Certifying Medical Officer from the Police Courts and from school. They are not, strictly speaking, 'moral imbeciles.' They are really cases of mental disturbance following an illness. It is encouraging to know that several of these cases are improving, and it is reasonable to look forward to improvement from the nature of the case. A few of the more marked examples may have, it is to be feared, permanently lost control. This illness (epidemic sleeping sickness) is new to medicine and, therefore, its ultimate results are not yet known. The future alone will shew what will happen to these cases. In the meantime they are being treated, as far as possible, on the same principle as convalescents from other infectious diseases."

Children requiring treatment were dealt with at the Clinics established by the Education Committee, or at Local Hospitals in cases where there was no arrangement made by the Education Committee to meet such cases.

The " following-up " Nurse has all these cases under review, and during the year has made visits as follows :—

							Cases.	Visits.
Dental cases	...	...	...	...	...	...	43	57
Eye cases	...	...	...	...	...	...	130	142
Ear cases	...	...	...	...	...	...	7	11
Skin cases	...	...	...	...	...	...	13	19
Tonsils and Adenoids cases	...	...	...	...	...	...	24	36
Orthopædic cases	...	...	...	...	...	...	283	415
Temporarily absent and unsuitable cases	...	...	...	...	...	...	74	84
Cases passed for Ordinary Schools	...	...	...	...	...	...	58	64
Reserve Register cases	...	...	...	...	...	...	31	42
Miscellaneous visits of enquiry	...	...	...	...	...	...	—	333
							663	1,203

At the Education Committee's residential school for physically defective children, the same plan has been observed as in former years of dividing the year into four terms, boys and girls being alternately in residence during successive terms. A total of 163 children passed through this school in the course of the year, and of this number 36 (22 per cent.) were pronounced fit to leave the Special Schools and to return to ordinary elementary schools. The premises in which this school is held being required for other Corporation purposes, proposals for the transfer of the school to other premises have been approved provisionally by the Board of Education, and it is anticipated that the change will be effected about the summer of 1923.

The After Care Committees connected with four of the five Special Schools have been strengthened during the year, and steps have been taken to re-establish the After-Care Committee at the fifth school.

Apart from the periodical visitation of ex-scholars undertaken by these Committees, an annual gathering is held at each of the schools. Particulars obtained from the various ex-scholars at these meetings shewed, unfortunately, that a large percentage are unemployed. The prevailing state of unemployment naturally tells against these children when children from ordinary schools find it so difficult to obtain work.

In addition to the Special Schools, the Committee maintains six beds at the West Kirby Convalescent Home (mainly for surgical tuberculosis cases) and six beds at the Liverpool School of Recovery (mainly heart cases), and they have secured the option of six places at the Maghull Home for Epileptics. During the course of the year 13 cases have been in residence at West Kirby School and eight at the School of Recovery, while four cases were maintained at the Home for Epileptics.

With regard to the education of the Deaf, the Education Committee have one Day School at which 91 Liverpool children are taught, some 23 of these being boarded by the Committee in an Institution for the Deaf close to the Day School. For Roman Catholic deaf children, the Committee pay for their board and education at Boston Spa; at the end of the year there were 19 Liverpool children boarded there.

The Committee have not established a school for the blind, but blind children are educated either as boarders or as day scholars at the following schools, viz. :—

School.	Boarders.	Day Scholars.
Wavertree School for the Blind ... ... ...	21	7
Catholic Blind Asylum, Brunswick Road ... ...	16	—
Walmer School, Rhyl ... ... ...	1	—
Worcester College ... ... ...	1	—

## Defective Vision Classes.

The two classes which were opened at Birchfield Road in 1914 can accommodate 50 children, but the average attendance is only 41, the average age of the children being 12 years. Two-thirds of the children were girls, a proportion which has held good for some years. At the end of the year there were 208 children who had been referred as suitable cases for admission, 101 of these being boys and 107 girls, and 68 of these (28 boys and 40 girls) were regarded as being urgent cases for admission. Unfortunately, no additional accommodation has yet been arranged for these children. Practically all of these children, pending such accommodation, have to remain in the ordinary school without participating in the majority of the lessons owing to inability to see the blackboard, or owing to risk to their eyes if they are allowed to strain them by doing near work. Some of these children have to stay away from school altogether. Of the 208 awaiting admission, 80 are on the rolls of Council Schools, 51 attend Church of England Schools, 64 Roman Catholic Schools, and 13 Undenominational Schools. The vacancies at Birchfield Road are filled only from the children on the rolls of Council Schools; in the case of children attending Voluntary Schools a written application from the parents is necessary.

The Staff at Birchfield Road consists of two mistresses working under the direction of the Principal of the school, and the children take their sighted lessons with these mistresses. For the oral work they join the classes of the general school. The school premises are equipped with cookery, laundry and handwork rooms, science laboratory, and swimming bath and the children make use of this equipment. About 35 of the children stay for lunch each day under the supervision of the teachers, the Committee furnishing the table linen, cutlery, etc.

The children take part in the public and social life of the school and enter into its sports, etc., so that they feel that they are members of an ordinary school instead of a special one.

Dr. Livsey, who is the ophthalmic surgeon appointed in connection with the classes at Birchfield Road, reports as follows:—

"The Defective Vision Classes at Birchfield Road Schools continue their useful work smoothly and with increasing satisfaction.

"There is always a long list of children awaiting admission (about 208 at present), and vacancies are eagerly filled. There is a marked change in the attitude of parents towards these classes; much prejudice has been overcome, and they are now anxious to co-operate in this matter and secure for their defective sighted children the advantages of special education and supervision which are provided for in these classes.

"The same general lines of instructions are followed as heretofore. The special equipment of the class is maintained, but from time to time new kinds of handwork are introduced which serve to keep up the interest of the children. Utility with taste is the object aimed at, and leather goods such as hand-bags, and rugs and mats are made in quite a thorough and workmanlike fashion.

"The Classes are visited thrice yearly by the School Oculist, and the special written instructions given in each individual case are carefully followed out. The modification of school work to suit the physical infirmity of these children has a marked effect on their demeanour after a few months, for the sullen and dull child, who is obviously conscious of its abnormality in an ordinary school, soon becomes bright and happy in surroundings where its defects are catered for by considerate teachers interested in its welfare. The children are certainly contented and bright and happy, and a spirit of companionship obviously prevails. The arrangements made for the mid-day meal are a great convenience to the children as most of them come from a distance by tram. This meal gives opportunities for lessons in service and behaviour at table which are made use of to the advantage of the children, and the parents much appreciate the arrangements.

"The great advantage of these classes forming a part of a large general school and sharing in some of its work, as opposed to a special school of defectives, is never lost sight of, to the benefit of the whole school.

"Any special bent or aptitude in any particular scholar is, as far as possible, encouraged and developed. Advice is given as to occupation after leaving school, and in those cases where, for some special reason, permission is granted to leave before the age of 16 is reached, the child is kept under supervision as to the occupation engaged in, and the parents consult the oculist before changing an approved occupation. There is no doubt that the care of the eyes inculcated at these classes has produced a lasting effect for good in this matter, for many parents are genuinely anxious as to future treatment and advice when the leaving school age has been reached. The indifference and actual opposition formerly encountered are now rarely seen. It is certain that these Defective Vision Classes have fully justified their existence, and that they form an essential part of any sound educational scheme, and that their extension to meet the full requirements of the 208 seriously defective sighted children still unprovided for is urgently desirable."

### EMPLOYMENT.

The new Bye-Laws regulating the employment of children under 14 years of age, which came into force in 1921, have, on the whole, proved satisfactory, certain employments, objectionable for children, having now to be undertaken by adults or young persons, and the employments still permitted being under far better control and supervision than was formerly possible.

It appears that there were in all 3,439 children under 14 employed sometime during the year, 3,112 being boys and 327 girls, whilst at the end of the year 1,568 children, 1,431 boys and 137 girls, were still employed. This represents 9·9 per cent. of the boys and 0·95 per cent. of the girls, or 5·43 per cent. of all the children of 12 and 13 on the rolls; a slight diminution from the figures at the end of 1921.

Of the 1,568 children 456 were engaged in the delivery of newspapers, 433 in delivering milk, 212 at greengrocers' shops, 88 at butchers' shops, 82 at chandlers', 74 at grocers', 51 at bakers' shops, etc. When conducting the inspections at the schools, the School Medical Officers are required to see all the children employed, and

they are thus able to see that children with physical defects are not receiving harm by their employment.

All children who are employed before the close of school hours have to obtain a certificate of physical fitness from the School Medical Officer before they can be registered, and during the year 1,351 children were specially examined for this purpose; the medical certificates being withheld in five cases. The employments permitted before the close of school include the delivery of newspapers and milk and also domestic work, and, at the close of the year, 892 were engaged in these occupations, or 56 per cent. of the total children employed.

One weak point, however, in the Bye-Laws, or perhaps the Act, is that there is no power to prevent a child suffering from certain objectionable conditions such as profusely discharging ears, scabies, ringworm and other communicable skin conditions, or even the milder infections from being engaged in employments, particularly those dealing with food. The Bye-Laws are framed to protect the child and not the public, and the conditions such as those mentioned above are not covered by clauses in various Public Health Acts which deal with dangerous infectious diseases. Happily, however, but few cases of this kind have yet arisen.

The examination of these employed children has added considerably to the work of the Staff during the year.

During the year 55 children of school age have been licensed by the Liverpool Education Authority for theatrical performances, the majority of them coming on tour from other areas. Before a license is originally granted a medical certificate has to be obtained from the School Medical Officer that the child's health and education will not be adversely affected by the granting of the license, and a further medical examination has to be made every three months during the period of the license. Eighteen Liverpool children applied for licenses and were medically examined during the year, whilst seven from other areas were also examined. Generally speaking the children were healthy children, though a few had some minor defects which required treatment.

After leaving school a large proportion of the children enter their names with the Juvenile Employment Bureau at the Education Office, with a view to securing employment. Of approximately 9,000 children registering in the course of the year 6,500 were under the age of 15. The number of children applying to the Bureau on withdrawing from the schools during the year shews a decided increase upon the figures for the previous years, and indicates the difficulty children have found in securing places for themselves in their own immediate neighbourhood—a practice which a proportion of the children have always followed in spite of the school teachers' advice to them generally to seek counsel and assistance in choosing suitable employment from the Authority's Bureau.

The depression in trade and industry to which reference was made in the last Report has unfortunately continued without palliation during the year, and the placings from the Juvenile Employment Bureau dropped from 2,300 to 1,650. Efforts are made to keep the unemployed juveniles in periodic attendance at the Bureau, and they are encouraged to keep themselves as smart and presentable as they can during their enforced idleness. Too many of them, however, shew unmistakable signs of deterioration sooner or later, and cease paying regular visits to the Bureau; in such cases contact with them is lost for the time being, although attempts are made to follow them up.

Of the boys placed by the Bureau during the year, 35·5 per cent. went to clerical and commercial work, 8·5 per cent. to trades and businesses, 12 per cent. into factories, workshops, etc., and 31·5 per cent. as shop boys and various types of messengers.

With regard to the girls for whom places were found through the Bureau, 29 per cent. went to trades such as tailoring, dress-making, millinery, etc., 21 per cent. to domestic service (daily or resident), 19 per cent. became shop assistants, 9·3 per cent. were placed in offices, while the remainder went chiefly into factories, cafés, or as messengers for shops or workrooms.

As stated in the Report for last year the Local Education Authority have decided conditionally to exercise their full powers in accordance with the recommendations contained in Lord Chelmsford's report upon his enquiry into the working of the Choice

of Employment Act, and they will therefore take over in due course from the Ministry of Labour Employment Exchange the administration of the Unemployment Insurance Acts so far as young persons between the ages of 16 and 18 are concerned.

In connection with the placing of the cases, all the medical records and notes of the School Medical Officers are available for the use of the Juvenile Employment Department and are freely used, whilst occasionally special examinations are made by the Medical Officers at the request of that Department.

During the year arrangements were made to co-operate somewhat more closely with the Factory Surgeon, particularly with regard to cleansing the heads of employees who would otherwise be refused certificates of fitness for employment in factories. Printed instructions, prepared for distribution by the Factory Surgeon in such cases, explain how the cleansing can be effected, and give the employees the option of attending at one of the Cleansing Stations where they can have the free use of the special steel combs recently put on the market. The Factory Surgeon refers these cases to the Medical Officer in order that the Health Visitors may visit and investigate the home conditions. Arrangements have been in existence for some years by which the Factory Surgeon notifies the Education Department, for the information of the Juvenile Employment Bureau, of cases which have been refused certificates for particular employments on medical grounds.

#### PROVISION OF MEALS.

Free meals are provided for necessitous children on week days and during school holidays.

Head Teachers, on being satisfied that a child is in need, are permitted to issue coupons provisionally, reporting the case to the Director of Education at the end of the week. Full enquiries by the School Attendance Staff into the family circumstances having been made, the cases are submitted to a Rota of the Children's Meals Sub-Committee who decide for what period the coupons shall be continued, if allowed. Except in very special cases, this period never extends beyond two months, at the end of which time the family circumstances are again investigated.

In deciding the cases the Children's Meal Sub-Committee are guided by the family income per head, after deducting the rent. Save in exceptional circumstances, free meals are not granted if the income per head exceeds 6/- per week where there are one or two children, 5/6 for three or four children, or 5/- for four or more children. No charge is made to the parents, but meals are declined if it is considered that the parents are in a position to pay.

In cases found to be receiving Poor Law Relief the Guardians are notified, and if they report that the relief granted is adequate, meal coupons are refused. The Liverpool Council of Voluntary Aid is also informed of the cases on the Free Meals Register.

Before any prolonged holiday, the Head Teachers are requested to submit lists of children who, in their opinion, would suffer if meals were discontinued during the vacation, and the Committee have arranged for dinners to be supplied to these children throughout the vacation. During vacations the numbers were about 60 per cent. below the average during school terms.

The meals are cooked at six Day Industrial and Special Schools, where cooking facilities exist, and from these schools the food, except in the case of the outlying districts, is distributed to five other feeding centres. Some of the schools where the cooking is done are also used as Feeding Centres. There are also some eight local caterers, chiefly in the outskirts, who provide meals for the children who cannot be dealt with at the other Feeding Centres.

The Dining Centres were open on 310 days during the year, and the total number of meals supplied was 473,585, the daily average number of children who received meals being 1,527.6.

The number of children receiving free meals ranged from 1,473 in the middle of February, during which period a great number of schools were closed on account of the prevalence of Influenza, to a maximum of 1,977 in the week ending 20th May. The numbers gradually fell, the lowest level being 1,011 in the week ending 30th December, during which week the schools were closed for the Christmas Vacation.

H. W. HOPE,

Medical Officer to the Education Authority.

## APPENDIX A.

## ELEMENTARY SCHOOLS.

Table I.

Number of Children Inspected, 1st January, 1922, to 31st December, 1922.

## A.—Routine Medical Inspection.

Age.	ENTRANTS.						Total
	3.	4.	5.	6.	Other Ages		
Boys ... ... ... ...	—	336	3,904	1,821	531	6,592	
Girls ... ... ... ...	—	307	3,873	1,862	493	6,540	
Totals ... ...	—	613	7,777	3,683	1,029	13,132	

Age.	INTER-MEDIATE GROUP.	LEAVERS.				Other Ages.	Total.	Grand Total.
		8.	12.	13.	14.			
Boys ... ... ...	5,124	4,731	933	69	344	11,201	17,793	
Girls ... ... ...	5,269	4,769	917	59	270	11,275	17,815	
Totals ...	10,393	9,500	1,850	119	614	22,476	35,608	

## B.—Special Inspections.

		* Special Cases.	Re-examinations.
Boys ... ... ...	...	6,607	31,450
Girls ... ... ...	...	5,234	28,704
Totals ...	...	11,841	60,154

\* Not including children treated at Minor Ailments Clinics.

## C.—Total number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (No child being counted more than once in one year).

No. of Individual Children Inspected.

46,197 †

73,184 \*

Note: † Routine and new Special Cases only.

\* Including also all children re-examined.

Table II.

## Return of Defects Found in the Course of Medical Inspection in 1922.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIALS.		
	(1)	(2)	(3)	(4)	(5)
MALNUTRITION	...	...	25	284	17
UNCLEANLINESS—					
Head	...	...	3,658	110	558
Body	...	...	1,411	87	186
SKIN—					
Ringworm—					
Head	...	...	7	14	305
*Body	...	...	4	10	13
Scabies	...	...	57	—	103
*Impetigo	...	...	20	86	38
*Other Diseases (Non-Tubercular)	...	38	223	23	181
EYE—					
*Blepharitis	...	...	50	209	61
*Conjunctivitis	...	...	25	106	41
*Keratitis	...	...	—	5	1
*Corneal Ulcer	...	...	2	11	8
Corneal Opacities	...	...	2	9	1
†Defective Vision	...	...	1,879	1,934	3,170
Squint	...	...	490	527	999
Other Conditions	...	...	12	69	27
EAR—					
Defective Hearing	...	...	27	172	28
Otitis Media	...	...	81	400	50
Other Ear Diseases	...	...	80	56	19
†NOSE AND THROAT—					
Enlarged Tonsils	...	...	248	1,452	149
Adenoids	...	...	61	142	136
Enlarged Tonsils and Adenoids	...	...	37	45	111
Month Breathing	...	...	686	484	172
Other Conditions	...	...	4	57	3
ENLARGED CERVICAL GLANDS (Non-Tubercular)	...	...	14	995	7
DEFECTIVE SPEECH	...	...	3	207	6
§TEETH (Dental Diseases)	...	...	1,434	1,851	125

Table II.—Continued.

DEFECT OR DISEASE	ROUTINE INSPECTIONS.		SPECIALS.	
	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)
<b>HEART AND CIRCULATION—</b>				
Heart Disease—				
Organic ...	...	5	61	4
Functional	...	10	448	3
Anaemia	...	111	374	61
<b>LUNGS—</b>				
Bronchitis	...	93	688	34
Other Non-Tubercular Diseases	...	18	169	12
<b>TUBERCULOSIS—</b>				
Pulmonary—				
Definite ...	...	1	1	18
Suspected	...	8	36	8
Non-Pulmonary—				
Glands	...	5	24	6
Spine	...	—	3	1
Hip	...	—	—	1
Other Bones and Joints	...	1	4	—
Skin	...	—	2	—
Other Forms	...	2	6	4
<b>NERVOUS SYSTEM—</b>				
Epilepsy	...	1	12	4
Chorea...	...	—	24	5
Other Conditions	...	3	68	8
<b>DEFORMITIES—</b>				
Rickets	...	7	179	15
Spinal Curvature	...	8	33	3
Other Forms	...	26	106	8
<b>DEBILITY</b>	...	29	204	50
<b>OTHER DEFECTS AND DISEASES</b>	...	220	970	165
				560

Number of Individual Children having Defects which required Treatment or to be kept under Observation (excluding children treated at the Minor Ailments Clinics) ... ... ... ... ... ... ... 21,873

\* Exclusive of children treated at the Minor Ailments Clinics. For these, see page 10.

† The figures for defective vision do not involve the children suffering from squint.  
‡ Under the heading "Nose and Throat" no individual child appears under more

† Under the heading "Nose and Throat," no more than one of the sub-headings.

§ Cases examined by the School Medical Officers  
¶ Many of the cases in columns (3) and (5) were not referred for treatment as they were already receiving treatment.

Table III.

Numerical Return of all Exceptional Children in the Area  
at the end of 1922.

			Boys.	Girls.	Total
BLIND (Including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools ... Attending Certified Schools for the Blind ... Attending Defective Vision Class ... Not at School ...	101 33 19 9	107 21 31 13	208 51 50 22
DEAF AND DUMB (Including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools ... Attending Certified Schools for the Deaf ... Not at School ...	3 69 6	3 65 11	6 134 17
MENTALLY DEFICIENT.	Feeble- minded.	Attending Public Elementary Schools ... Attending Certified Schools for Mentally Defective Children ... Notified to the Lancs. Asylums Board during the year ... Not at School ...	201 249 7	150 220 4	351 460 11*
	Imbeciles.	At School ... Not at School ... Notified to Lancs. Asylums Board during the year ...	— 44 10	— 44 8	— 88 18
	Idiots.	... Notified to Lancs. Asylums Board during the year ...	23 2	14 2	37 4
EPILEPTICS.		Attending Public Elementary Schools ... Attending Certified Schools for Epileptics ... In Institutions other than Certified Schools ... Not at School ...	8 3 3 30	4 — 4 40	12 3 7 70
PHYSICALLY DEFECTIVE.	Pulmonary Tuberculosis. †	Attending Public Elementary Schools ... Attending Certified Schools for Physically Defective Children ... In Institutions other than Certified Schools ... Not at School ...	15 — 62 158	16 — 64 177	31 — 126 335
	Crippling due to Tuberculosis.	Attending Public Elementary Schools ... Attending Certified Schools for Physically Defective Children ... In Institutions other than Certified Schools ... Not at School ...	31 44 55 67	35 39 38 96	69 83 93 163
	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools ... Attending Certified Schools for Physically Defective Children ... In Institutions other than Certified Schools ... Not at School ...	179 132 27 82	155 124 31 116	334 256 58 198
	Other Physical Defectives e.g., delicate and other children suitable for admission to Open Air Schools; children suffering from severe heart disease.	Attending Public Elementary Schools ... Attending Open Air Schools ... Attending Certified Schools for Physically Defective Children, other than Open Air Schools ... In Institutions other than above ... Not at School ...	143 57 75 36 146	239 5 78 44 228	482 62 153 80 374

\* On attaining age of 16.

† Quiescent cases.

‡ Including cases which have not yet been examined by the School Medical  
Officer or Tuberculosis Officer.

Table IV.—Treatment of Defects of Children during 1922.

## A.—Treatment of Minor Ailments.

## B.—Treatment of Visual Defects.

## NUMBER OF CHILDREN.

REFERRED FOR REFRACTION.	SUBMITTED TO REFRACTION.	1922 cases.		From previous year.	Total.	Under Local Education Authority's Scheme.	By Private Practitioner or Hospital.	Otherwise.	Total.	Recommended for treatment other than by glasses.	Received other forms of treatment.	For whom no treatment was considered necessary.	Improved without special treatment.	Not treated, and not improved.	Total reported upon.	No report available.	Percentage treated of cases reported upon.
		New Cases .....	Re-examination Cases														
2,736	3,543	6,279	4,257	252	23	4,532	4,348	16	—	*184	106	831	5,469	810	82.9		
122	2,012	2,134	2,012	10	6	2,028	1,652	1,638	8	6	376	—	14	2,042	92	99.3	
2,858	5,555	8,413	6,269	262	29	6,560	6,000	5,986	24	6	560	106	845	7,511	902	87.3	

\* Includes 11 cases to "Continue with glasses previously obtained." † Includes 293 cases to "Continue with glasses previously obtained."

C.—Treatment of Defects of Nose and Throat.

NUMBER OF CHILDREN.

DISEASE or DEFECT.	REFERRED FOR TREATMENT.			RECEIVED OPERATIVE TREATMENT.		RECEIVED OTHER FORMS OF TREATMENT.	IMPROVED WITHOUT SPECIAL TREATMENT.	NOT TREATED.	TOTAL REPORTED UPON.	NO. OF DEFECTS FOR WHICH NO REPORT IS AVAILABLE.	PERCENTAGE TREATED OF CASES REPORTED UPON.	
	FROM PREVIOUS YEAR.	1922 CASES.	TOTAL.	UNDER LOCAL EDUCATION AUTHORITY'S SCHEME.	BY PRIVATE PRACTITIONER OR HOSPITAL.							
Enlarged tonsils and adenoids	748	1,050	1,798	542	45	587	6	449	403	1,445	353	41.0
Mouth breathing ...	1,106	1,299	2,405	—	—	—	704	255	597	1,556	849	45.2
TOTALS ...	1,854	2,349	4,203	542	45	587	710	704	1,000	3,001	1,202	43.2

D.—Treatment of Dental Defects.

1.—Number of Children dealt with.

60

	Age Groups.							Specials.	Total.
	5	6	7	8	9	10	11		
(a) Inspected at the Schools ...	2	5,042	5,623	5,923	5,633	4,350	3,193	3	—
(b) Referred for treatment ...	...	...	...	...	...	23,265	...	...	...
(c) Actually treated at Clinics	...	...	...	...	...	6,828	...	...	6,828
(d) Re-treated* (result of periodical examination) ...	...	...	...	2,762	...	...	...	...	2,762

\* Also included in (c) above.

## 2.—Particulars of the Time given and of Operations undertaken.

Clinic.	No. of Half-days devoted to Inspection	No. of Half-days devoted to Treatment	Total No. of attendances made by the Children at the Clinic.	No. of Permanent Teeth.	No. of Temporary Teeth.	Total No. of Fillings.	No. of Administrations of General Anesthetics included in (4) and (5)	No. of Other Operations			
								Extracted.	Filled.	Permanent Teeth.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Addison Street ...	128	1,586	287	657	1,952	74	731	793	34	29	
Dental Hospital...	204	3,723	359	1,383	3,489	325	1,708	1,865	51	11	
St. Gabriel's ...	253	3,569	342	1,082	4,490	305	1,387	1,786	100	41	
Timpson Street ...	72	889	99	337	1,149	98	435	376	2	—	
Netherfield Road...	132	1,814	151	632	2,588	84	716	919	53	29	
<b>Total</b> ...	<b>253</b>	<b>793</b>	<b>11,581</b>	<b>1,238</b>	<b>4,091</b>	<b>13,668</b>	<b>886</b>	<b>4,977</b>	<b>5,739</b>	<b>240</b>	<b>110</b>

DISEASE OR DEFECT.	Referred for Treatment		Number for which no report is available	Results of Treatment.		Improved without special treatment.	No. of defects not treated and still unimproved.	Percentage treated of cases reported upon.				
	From previous cases.	1922 Total.		No. of defects treated.	Remedied.							
				Number reported upon.	No. of defects treated.							
MALNUTRITION	18	55	73	27	46	35	26	76.0				
SERIOUS EYE												
Conditions	1	9	10	5	5	4	1	80.0				
ENL. CERV. GLANDS	10	31	41	24	17	6	4	7				
(Non-Tuberculous)								25.3				
SPEECH	2	5	7	5	2	1	—	50.0				
HEARING	21	43	64	36	28	17	10	60.7				
*TEETH	3,294	2,602	5,896	2,131	3,765	1,264	872	33.6				
HEART & CIRCULATION												
Organic	—	9	9	9	—	—	—	—				
Functional	2	4	6	4	2	—	—	—				
Anaemia	106	194	300	135	165	79	52	1				
LUNGS—												
TUBERCULOSIS—												
Pulmonary, definite	1	2	3	3	—	—	—	—				
" suspected	9	29	38	5	33	—	32	97.0				
Glands	3	9	12	4	8	—	8	100.0				
Spine	—	3	3	—	3	2	—	66.6				
Hip	—	2	1	3	2	1	1	100.0				
Other bones & joints	—	—	—	1	2	—	—	—				
Skin...	—	—	4	2	2	1	1	50.0				
Other forms	—	—	3	1	2	2	—	100.0				
NERVOUS SYSTEM—												
Epilepsy	—	3	3	3	—	—	—	—				
Chorea	4	5	9	5	4	3	3	75.0				
Other conditions	1	12	13	8	5	4	2	80.0				
DEFORMITIES—												
Rickets	15	43	58	27	31	18	12	13				
Spinal Curvature	2	9	11	7	4	1	1	25.0				
Other forms	18	53	71	37	34	11	5	32.3				
Debility	6	42	48	19	29	23	16	79.3				
Glasses broken, lost, etc.	664	1,936	2,600	1,286	1,314	1,182	408	89.9				
Not wearing glasses	601	1,190	1,791	941	850	408	115	48.0				
Other defects & diseases	199	373	572	292	280	130	15	46.4				
TOTALS	...	5,051	6,821	11,872	5,123	6,749	3,315	534				
							851	2,583				
								49.1				

\* Cases examined by School Medical Officer.

TABLE V.  
Summary of Treatment of Defects as shown in Table IV (A, B, C, D & F).

NUMBER OF CHILDREN.						
DISEASE OR DEFECT.	Referred for Treatment		Treated.		Improved without special treatment.	No. of defects not treated and still unimproved.
	From previous year.	1922 cases.	Under Local Education Authority's Scheme.	Other wise.		
MINOR AILMENTS	580	16,673	17,253	15,501	987	16,488
VISUAL DEFECTS—					56	197
New Cases	2,736	3,543	6,279	4,257	275	106
Re-examination cases	122	2,012	2,134	2,012	16	2,028
DEFECTS OF NOSE AND THROAT—						
Enlarged tonsils and adenoids	748	1,050	1,798	542	51	593
Mouth Breathing	...	1,106	1,299	2,405	—	704
DENTAL DEFECTS—						
Dentists' Cases	6,784	23,265	30,049	6,829	3,815	10,643
Schol. Medical Officers' Cases	3,294	2,602	5,896	—	1,264	1,264
Other Defects	1,757	4,219	5,976	—	2,051	2,051
TOTALS	...	17,127	54,663	71,790	29,140	9,163
					38,303	1,717
					16,624	
						15,146
						67.6
						98.3
						82.9
						81.0
						99.3
						92
						512
						41.0
						35.3
						45.2
						47.0
						33.6
						69.7
						67.6



APPENDIX B.

HIGHER SCHOOLS.

Number of Children Inspected, 1st January to 31st December, 1922.

TABLE 1.—(A.) (Routine Medical Inspection).

Age.	8	9	10	11	12	13	14	15	16	17	Grand Total.		
Boys	...	...	71	106	144	165	531	682	544	281	24	3	2,551
Girls	...	...	69	56	89	114	321	312	219	89	35	8	1,312
Total ...	...	140	162	233	279	852	994	763	370	59	11	3,863	

## HIGHER SCHOOLS.

## (B.)—Special Inspections.

		Special Cases.	Re-examinations (i.e., No. of children re-examined).
Boys	...	207	2,588
Girls	...	80	1,494
	Totals	287	4,082

## (C.)—Total number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (No child being counted more than once in one year).

## No. of Individual Children Inspected.

4,009 †

5,037 \*

Note: † Routine and New Special Cases only.

\* Includes also all children re-examined.

## HIGHER SCHOOLS.

TABLE II.—Return of Defects found in the course of Medical Inspection in 1922.

DEFECT OR DISEASE	ROUTINE INSPECTIONS.		SPECIALS.	
	Number referred for Treatment	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION ... ... ... ...	13	57	—	—
UNCLEANLINESS—				
Head ... ... ... ...	30	31	4	—
Body ... ... ... ...	23	41	2	3
SKIN—				
Ringworm—				
Head ... ... ... ...	1	—	—	—
Body ... ... ... ...	—	—	—	—
Scabies ... ... ... ...	6	—	—	—
Impetigo ... ... ... ...	1	1	—	—
Other Diseases (Non-Tubercular) ...	1	21	—	6
EYE—				
Blepharitis ... ... ... ...	3	8	—	1
Conjunctivitis ... ... ... ...	4	11	1	1
Keratitis ... ... ... ...	—	—	—	—
Corneal Ulcers ... ... ... ...	—	—	—	—
Corneal Opacities ... ... ... ...	—	—	—	—
Defective Vision ... ... ... ...	262	574	98	30
Squint ... ... ... ...	4	18	3	1
Other Conditions ... ... ... ...	3	16	2	1
EAR—				
Defective Hearing ... ... ... ...	21	52	—	4
Otitis Media ... ... ... ...	24	35	2	1
Other Ear Diseases ... ... ... ...	19	8	1	2
NOSE AND THROAT—				
Enlarged Tonsils ... ... ... ...	16	168	—	4
Adenoids ... ... ... ...	3	17	1	2
Enlarged Tonsils and Adenoids ...	5	2	—	—
Other Conditions ... ... ... ...	8	29	—	—
Mouth Breathing ... ... ... ...	169	116	11	7

## HIGHER SCHOOLS.

TABLE II.—Continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIALS	
	Number referred for Treat- ment.	Number requiring to be kept under observa- tion, but not referred for Treat- ment.	Number referred for Treat- ment.	Number requiring to be kept under observa- tion, but not referred for Treat- ment.
(1)	(2)	(3)	(4)	(5)
ENLARGED CERVICAL GLANDS (Non-Tubercular) ... ... ... ...	—	64	—	3
DEFECTIVE SPEECH ... ... ...	2	46	—	2
TEETH—				
Dental Diseases ... ... ...	357	142	8	1
HEART AND CIRCULATION—				
Heart Disease—				
Organic ... ... ...	12	21	—	2
Functional ... ... ...	7	90	—	1
Anaemia ... ... ...	6	37	—	2
LUNGS—				
Bronchitis ... ... ...	1	10	1	1
Other Non-Tubercular Diseases ...	—	15	2	2
TUBERCULOSIS—				
Pulmonary—				
Definite ... ... ...	—	—	—	—
Suspected ... ... ...	—	—	—	—
Non-Pulmonary—				
Glands ... ... ...	—	—	—	—
Spine ... ... ...	—	—	—	—
Hip ... ... ...	—	—	—	—
Other Bones and Joints ...	—	—	—	—
Skin ... ... ...	—	—	—	—
Other Forms ... ... ...	—	3	—	—
NERVOUS SYSTEM—				
Epilepsy ... ... ...	—	—	—	—
Chorea... ... ...	—	1	—	—
Other Conditions ... ... ...	—	16	—	—
DEFORMITIES—				
Rickets ... ... ...	1	14	—	—
Spinal Curvature ... ... ...	6	45	1	2
Other Forms ... ... ...	16	86	—	2
Flat Foot ... ... ...	143	158	3	5
DEBILITY ... ... ...	2	5	—	—
OTHER DEFECTS AND DISEASES ...	60	305	8	23

Number of Individual Children having Defects which require Treatment or to be kept under Observation ... ... ... ... ... ... 2,263

## HIGHER SCHOOLS.

Table IV.—Treatment of Defects of Children during 1922.

### A.—Treatment of Minor Ailments

DISEASE OR DEFECT.		NUMBER OF CHILDREN.						No. of defects for which no report is available.	Percentage treated of cases reported upon.
Referred for Treatment	Treated	Under Local Education Authority's wise.	Other.	Total	Improved without special treatment.	No. of defects not treated and still unimproved.	Total reported upon.		
From previous year.	1922 cases.								
SKIN:—									
Ringworm (head)	...	—	1	1	—	—	—	—	100.0
Ringworm (body)	...	—	—	—	—	—	—	—	—
Scabies	...	1	5	6	—	3	3	3	100.0
Impetigo	...	—	2	2	—	1	1	1	100.0
Minor Injuries	...	—	—	—	—	—	—	—	—
Other Skin Conditions	—	—	4	4	—	1	1	1	100.0
EAR DISEASE ...	49	56	105	5	43	48	11	7	39
EYE DISEASE ... (External and others)	6	12	18	—	9	9	—	2	11
MISCELLANEOUS...	—	—	—	—	—	—	—	—	—
TOTALS ...	56	80	136	5	58	63	11	9	53
									75.9

## HIGHER SCHOOLS.

## B.—Treatment of Visual Defects.

## NUMBER OF CHILDREN.

REFERRED FOR REFRACTION.	SUBMITTED TO REFRACTION.	1922 CASES.										No report available.	Percentage treated of cases reported upon.																			
		From previous year.			Total.			Under Local Education Authority's Scheme.			By Private Practitioner or Hospital.			For whom glasses were prescribed.			Recommended for treatment other than by glasses.			Received other forms of treatment.			For whom no treatment was considered necessary.			Improved without special treatment.			Not treated, and not improved.			Total reported upon.
New Cases .....	101	174	275	34	48	45	127	126	126	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Re-examination Cases	11	54	65	47	—	—	47	43	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Totals.....	112	228	340	81	48	45	174	169	168	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			

\* Comprises 4 cases to "Continue with glasses previously obtained."

## HIGHER SCHOOLS.

### C.—Treatment of Defects of Nose and Throat.

## NUMBER OF CHILDREN.

Referred for Treatment	Received Operative Treatment.				Improved without special treatment.	Not treated.	Total Reported upon.	No. of defects for which no report is available	Percentage treated of cases reported upon.
	From previous year.	1922 cases.	Total.	Under Local Education Authority's Scheme.	By private practitioner or Hospital.	Received other forms of treatment.			
Enlarged tonsils and adenoids	31	34	65	13	7	20	—	17	7
Mouth breathing ...	54	195	249	—	—	—	83	—	22
<b>TOTALS</b>	...	85	229	314	13	7	20	83	17
								29	149
								165	69.1

Disease or Defect.	Referred for Treatment		Results of Treatment.				Percentage treated of cases reported upon.
	From previous cases, year.	1922 Total.	No. of defects for which no report is available	No. of defects reported upon.	Number of defects treated.	Remedied.	
MALNUTRITION ...	4	13	17	8	9	5	88.8
SERIOUS EYE CONDITIONS	—	2	2	—	2	1	100.0
NOT WEARING GLASSES	18	83	101	45	56	32	57.1
GLASSES BROKEN, &c.	25	132	157	74	83	69	82.8
ENL. CERV. GLANDS	—	—	—	—	—	—	—
(Non-Tuberculous)	—	—	—	—	—	—	—
SPEECH ...	—	4	1	1	—	—	—
HEARING ...	—	15	19	12	7	3	42.8
TEETH ...	—	343	639	237	402	256	63.6
HEART & CIRCULATION—	—	—	—	—	—	—	—
Organic ...	—	2	2	1	1	1	100.0
Functional ...	—	1	1	1	1	1	—
Anemia ...	—	7	7	6	8	4	87.5
LUNGS—	—	—	—	—	—	—	—
Non-Tuberculous	—	1	7	8	6	2	—
TUBERCULOSIS—	—	—	—	—	—	—	—
All forms ...	—	—	—	—	—	—	—
NERVOUS SYSTEM—	—	—	—	—	—	—	—
All forms <sup>1</sup> ...	—	—	—	—	—	—	—
DEFORMITIES—	—	—	—	—	—	—	—
Rickets	—	4	10	14	9	4	—
Spinal Curvature	—	22	116	138	77	61	28
Other Forms ...	—	—	—	—	—	—	—
DEBILITY	—	1	2	3	3	2	1
Other defects & diseases	24	72	96	47	49	37	3
TOTALS	—	407	806	1,213	524	689	377
						88	48
						176	67.4

## HIGHER SCHOOLS.

TABLE V.  
Summary of Treatment of Defects as shown in Table IV. (A, B, C & F.)

REFERRED FOR TREATMENT		NUMBER OF CHILDREN.									
DEFECT OR DISEASE.	FROM PREVIOUS YEAR.	1922 CASES.	TOTAL.	UNDER LOCAL EDUCATION AUTHORITY'S SCHEME.	OTHER.	TOTAL.	IMPROVED WITHOUT SPECIAL TREATMENT.	NO. OF DEFECTS NOT TREATED AND STILL UNIMPROVED.	TOTAL REPORTED UPON.	NO. OF DEFECTS FOR WHICH NO REPORT IS AVAILABLE.	PERCENTAGE TREATED OF CASES REPORTED UPON.
MINOR AILMENTS	56	80	136	5	58	63	11	9	83	53	75.9
VISUAL DEFECTS— New cases	101	174	275	34	93	127	9	37	173	102	73.4
Re-examination cases	11	54	65	47	—	47	—	2	49	16	93.9
DEFECTS OF NOSE AND THROAT— Enlarged Tonsils and Adenoids	31	34	65	13	7	20	17	7	44	21	45.4
Mouth Breathing	54	195	249	—	83	83	—	22	105	144	79.0
Other Defects	407	806	1,213	—	463	463	48	178	689	524	67.2
TOTALS	...	660	1,343	2,003	99	704	803	85	255	1,143	860
											70.2

## HIGHER SCHOOLS.

Board of Education—Table VI.—Summary relating to Children Medically Inspected at the Routine Inspections during the year 1922.

(1) The total number of children medically inspected at the routine inspections	3,863
(2) The number of children in (1) suffering from—	
Malnutrition	70
Skin Disease	31
Defective Vision (including Squint)	858
Eye Disease	45
Defective Hearing	73
Ear Disease	85
Nose and Throat Disease	533
Enlarged Cervical Glands	64
Defective Speech	48
Dental Disease	499
Heart Disease—	
Organic	33
Functional	97
Anaemia	43
Lung Disease (Non-Tubercular)	26
Tuberculosis—	
Pulmonary—Definite	—
Suspected	—
Non-Pulmonary	3
Disease of the Nervous System	17
Deformities	469
Other Defects and Diseases	372
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ...	1,076
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) ...	979
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) ...	131

APPENDIX C.

## PHYSICAL TRAINING REPORT—YEAR 1922.

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1. General.
2. Team System.
3. Efficiency Tests.
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5. Organised Games in Public Parks and Open Spaces.
6. Elementary School Playing Fields.
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8. Supervision of Games—Summer Holidays, 1922.
9. School Camps—Summer Holidays, 1922.
10. School Bathing—Elementary Schools, 1922.
  - (a) The Use of the Corporation Public Swimming Baths :
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11. School Bathing during Winter Months :—
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  - (b) Private Slipper and Spray Baths.
12. Voluntary Work of Teachers' Sports Associations.

\* \* \* \* \*

REPORT BY THE INSPECTOR OF PHYSICAL  
TRAINING FOR THE YEAR 1922.

**GENERAL.**—The interest and enthusiasm of teachers for the physical welfare of the school population of Liverpool has been maintained throughout the year. Brighter teaching methods have been adopted during the routine lessons in this subject, and have continued the happy development in the spirit with which physical exercises are performed, with beneficial results.

**TEAM SYSTEM.**—The systematic division of classes into teams has become a general practice, and this has led to the organisation of a “House System” in a number of Elementary Schools. The keen emulative spirit aroused by the team system has been very noticeable during individual school athletic sports and swimming galas. Twenty schools have held athletic sports festivals, and twenty-five schools have organised individual school swimming galas.

**EFFICIENCY TESTS.**—An attempt has been made to establish standards of efficiency in various athletic performances. The results obtained in the senior class in one Boys’ Department are here given:—

		Average of 10 best performers.	Average Age.	Best Boy.	Age.
Walking Race, 100 yds.	...	29 secs.	13 yrs. 9 mths.	26 sees.	13½ yrs.
Running Race, 100 yds.	...	13 3/5ths secs.	13 yrs. 8 mths.	12 4/5ths sec	14½ yrs.
Hopping Race, 30 yds.	...	6 3/5ths sees.	13 yrs. 6 mths.	6 sees.	13½ yrs.
Long Jump (Running)	...	10 ft. 10½ in.	13 yrs. 9 mths.	12 feet	13½ yrs.
High Jump (Running)	...	3 ft. 9½ in.	13 yrs. 9 mths.	4 ft. 2 in.	14½ yrs.
Hop, Step & Jump (Running)	...	27 ft. 8 in.	13 yrs. 6 mths.	30 ft. 9 in.	13½ yrs.
Throwing Cricket Ball	...	54 yds.	13 yrs. 9 mths.	61 yds. 1 ft.	13½ yrs.
Handstanding (against wall)	...	...	Percentage of ability = 85%		

**TEACHERS’ CLASSES.**—Teachers’ Classes in Physical Training, Games, and School Dancing, have been organised by the Education Committee during the winter sessions, and have been enthusiastically attended by over three hundred teachers.

The Liverpool Branch of the Folk Dance Society organises numerous classes in Liverpool and district, and these classes are mainly supported by Elementary School Teachers.

**ORGANISED GAMES IN PUBLIC PARKS AND OPEN SPACES.**—The Parks and Gardens Committee grants playing facilities on portions of the large acreage of land under its control. During the past three years

the Head Teachers of Liverpool have readily taken advantage of this concession, and have included Organised Games as a definite part of the school curriculum in nearly all schools where Parks or Open Spaces are within reasonable walking distances.

PARKS OR OPEN SPACES USED :—

Aubrey Street Rec. Ground.	Newsham Park.	Wavertree Playground.
Bootle Reereation Ground.	Princes Park.	Woolton Woods.
Donaldson St. Rec. Ground.	Queens Drive Rec.	Shaw Street Reereation Ground.
Garston Gasworks' Ground.	Rupert Lane Rec.	University Settlement Playground
Garston Reereation Ground.	Ullet Road Rec.	Egerton Sands.
Kensington Gardens.	Sefton Park.	Open Space, Broad Green.
Kirkdale Reereation Ground.	Sheil Park.	Edge Lane Reereation Ground.
Lower Breek Rec. Ground.	Stanley Park.	Open Space, Portelet Road.
Mulberry Park.	Wavertree Park.	Field, Mossley Hill.

It would be a fair estimate to state that between 25,000 and 30,000 children are taken by their teachers to Parks and Open Spaces (other than school playgrounds) for games during each week of fine summer weather.

ELEMENTARY SCHOOL PLAYING FIELDS.—There are three Elementary School Playing Fields provided by the Education Committee in use at present, viz., Knotty Ash, Long Lane (Fazakerley), and "Underlea" (Aigburth).

1. Knotty Ash—Six schools are within walking distance of this Playing Field, of  $3\frac{1}{2}$  acres, and use it in accordance with official time-table. During the summer months ten other school departments from central congested areas were granted free transport by the Committee in order to make use of this Playing Field. A large hut has been erected for shelter and storage, and the offices of the adjoining school are available.

2. Long Lane, Fazakerley—This field is 8 acres in extent, and six large schools in the neighbourhood are within walking distance and use it regularly. Twenty of the most centrally situated schools in the Scotland Road area were included in the Committee's free transport scheme during the summer months. It was usual to find between 400 and 500 children at play in this

field on fine afternoons when the scheme was in progress. A large hut has been erected for shelter and storage of games material, and the erection of offices for the convenience of the children is in progress.

3. "Underlea," Aigburth—The playing space on this estate, loaned to the Elementary Schools Management Sub-Committee by the Secondary Sub-Committee, is only 2 acres in extent, and is used every day by children from four schools in the neighbourhood.

**GAMES APPARATUS.**—The expenditure of about £600 has been authorised by the Committee during the year in providing a nucleus of games material, such as footballs, cricket bats and balls, etc., for the Elementary Schools. The scheme of instruction at the Manual Centres includes the construction of football posts, net ball posts and bases, cricket stumps, etc., by the pupils, the timber and iron being supplied by the Committee. These supplies are augmented in individual schools from funds provided by teachers, parents and scholars.

#### Supervision of Games—

Summer Holidays, 1922.

For the third year in succession the Liverpool Education Authority, in co-operation with the Parks and Gardens Committee, organised a scheme whereby paid supervisors (10s. per occasion) were provided in four of the most frequented parks of the City during the Elementary School Holidays. The provision of these Play Leaders not only encouraged the boys and girls to come to the Parks, but also gave them the necessary help in arranging games, choosing sides, allocating playing spaces, initiating miniature athletic meetings, etc., and helped to instil in the children the team spirit and the "play fair" ideal. The games apparatus provided by the Committee consisted of cricket bats, rubber balls, composition balls, ropes for skipping and tug-of-war, net ball outfits, rounder bats, cricket and rounder stumps. This apparatus was stored in small lock-up huts which were erected in the Parks in 1920. The Supervisors were on duty from 1 to 5 p.m. for five days each week.

	Supervision	Average Daily Attendance	
		Boys	Girls
Prinees Park	...   ...   ...   ...   2 Men   1 Woman	573	209
Sheil Park	...   ...   ...   ...   2 Men   —	250	40
Stanley Park	...   ...   ...   ...   2 Men   1 Woman	211	40
Wavertree Playground	...   ...   ...   ...   2 Men   —	830	138
	8 Men   2 Women	1,864	427

### School Camps- Summer

Holidays, 1922.

It was decided by the Elementary Schools Management Sub-Committee that for the Summer Holiday, 1922, applications for grant-in-aid of School Camps should be considered from schools in slum areas, and that only specially selected poor children should qualify for the grant. It was also resolved that the proposed camps should receive approval by the Committee, and that they should be inspected by a representative of the Committee. The following three camps were approved after the home conditions of the children had been carefully scrutinised.

#### (I) WESTMINSTER ROAD SCHOOL CAMP. (July 7th—14th).

This Camp was held at Ddangae Farm, Cilcenn, near Mold, under the control of Mr. W. J. Henrety, a teacher at Westminster Road School. The accommodation consisted of two bell tents in a small field, and a barn with loft attached. Sufficient space for sleeping accommodation was available in the barn when the weather was unsuitable for the use of the bell tents. Food was supplied from the neighbouring village, and the boys assisted in the preparation of meals. The boys showed signs of having had a healthy holiday, and were all enthusiastic in their tales of cricket matches and country rambles. The amount of grant awarded was £12—2 leaders £1 each, 20 boys 10s. each.

## (II) WALTON C.E. SCHOOL CAMP. (July 14th—21st.)

Twenty-one boys under the control of Mr. A. Gore, the Superintendent of Walton C.E. Play Centre, were installed in the same camp at Cilseen, near Mold, on the day that the Westminster Road boys left for home. They all showed keen interest in the novelty of their surroundings, and were thoroughly happy and contented. The amount of grant awarded was £12 10s. 0d.—2 leaders £1 each, 21 boys 10s. each.

## (III) EVERTON TERRACE SCHOOL CAMP. (July 10th—17th.)

The large, permanent Camp organised by the L.U.B.C., at Hinderton, Cheshire, was chosen by Mr. D. G. Martin, the Head Master of the Everton Terrace Council School, for his squad of thirty-four boys from the Everton district. A charge is made at this Camp inclusive of sleeping accommodation and food. As the Camp is surrounded by 30 acres of meadow land, the boys spent most of their time in games of cricket and baseball. Amount of grant awarded £19—2 leaders at £1 each, 34 boys 10s. each.

All three School Camps were well organised, the boys carefully chosen and well looked after, the food good, the sanitary arrangements sufficient, and the various occupations health-giving and educationally beneficial.

## School Bathing—Elementary

Schools, Liverpool, 1922.

## (A) THE USE OF THE CORPORATION PUBLIC SWIMMING BATHS.

At eleven establishments throughout the City, the public swimming baths are used by the Elementary School children during school hours; boys and girls being accommodated separately. The Baths Committee admit the children free of charge, and the Education Committee pay a nominal sum of £500 to the Baths Committee to defray the expenses of washing towels, etc.

The children attend the Baths under the supervision of teachers at stated times, according to time-tables compiled at conferences between the Inspector of Physical Training and Head Teachers concerned. An

instruction that not more than forty children go to the Baths in charge of one teacher ensures safety and discipline, and makes it possible for the teacher to devote time to definite instruction and correction.

The school departments taking advantage of the above facilities are enumerated below, with the average approximate weekly attendances at each establishment, viz. :—

Bath.	No. of School Depts.		Average Weekly Attendance	
	Boys	Girls	Boys	Girls
Cornwallis Street ... ... ... ...	16	10	750	250
Margaret Street ... ... ... ...	24	21	2,500	650
Westminster Road ... ... ... ...	21	16	1,600	750
Lister Drive ... ... ... ...	17	12	900	300
Picton Road ... ... ... ...	14	12	650	300
Garston ... ... ... ...	9	9	950	470
Queens Drive ... ... ... ...	10	8	600	400
Steble Street ... ... ... ...	13	11	1,750	500
Lodge Lane ... ... ... ...	16	14	1,200	480
Burroughs Gardens ... ... ... ...	15	14	1,500	460
Woolton ... ... ... ...	3	3	70	50

Total No. of Attendances at Public Baths for Summer Season, 1922 :—

Boys	...	...	...	306,168
Girls	...	...	...	105,802
<b>TOTAL</b>	...	...	...	<b><u>411,970</u></b>

The majority of these schools entered scholars for the Swimming Galas organised by the Teachers' Associations; and in addition 25 schools held *individual School Galas*.

In order to accommodate these large numbers, the daily time-tables are of necessity arranged in thirteen periods of half hour each. In these half hour periods squads of children have to undress, bathe and dress. The demand for bathing facilities for boys in the Margaret

Street area is so great that it has been essential further to cut down the time for a bathing period to twenty minutes per class.

The chief aims in the promotion of swimming instruction for school children are to teach as many children as possible the way to swim, and to swim correctly. There should be no restrictions or lack of facilities which prevent any child of normal physique from acquiring the art of swimming.

In order to investigate the progress of swimming instruction in the schools, Head Teachers have been asked to state the number of scholars in their respective schools who could swim 25 yards at the end of October, 1922. The results of this investigation show that 7,056 boys and 2,311 girls are swimmers, a total of 9,367. As there are about 48,000 children over the age of eleven in the Elementary Schools, it is probably safe to state that not more than *one child in five* leaving school has learned to swim. More accommodation and further progress in teaching swimming is still necessary.

The facts and figures as enumerated above were brought to the notice of the Elementary Schools Management Sub-Committee in order to demonstrate that their action in re-opening four of the School Baths attached to schools for the season 1922 was fully justified, and has been appreciated by the scholars and teachers.

#### (B) DETAILS RELATING TO SCHOOL SWIMMING BATHS.

*St. Michael's Hamlet School Bath.*—This bath is small and accommodates squads of 12 to 16 children at a time. It is used by the following schools:—St. Michael's, Sudley Road, Aigburth C.E., and St. Charles' R.C. The bath was used for eleven weeks with a total of 3,000 bathers. The Head Master reports a very marked development in school swimming—35 girls and 40 boys having learnt to swim. The parents have shown great interest. The Public Baths are too far distant for children to walk, hence no swimming instruction is possible unless the school bath is used.

*Birchfield Road School Bath.*—This bath was used for a period of thirteen weeks, and the teachers enthusiastically taught swimming before and after school hours, and on Saturday

mornings, in addition to regular school hours. A very successful school gala was held, and numerous parents attended. The Principal reports that no difficulties occurred in the provision of towels and costumes by the children, and that he noticed the influence in the direction of cleanliness, improved health and tone in the school. Certificates of proficiency: This season 110, last season 52. Total number of bathers: 4,775 boys, 3,601 girls = 8,376.

*Lawrence Road School Bath.*—This bath was regularly used by 650 children of Lawrence Road School, and occasionally by boys from Earle Road, for a period of 15 weeks. Total bathers: 5,913 boys, 4,176 girls = 10,089. Number of swimmers: 97 boys, 65 girls = 162 swimmers. 205 swimming certificates were gained, including 19 Life Saving Awards. Two successful swimming galas were held.

*Anfield Road School Bath.*—This bath was used by Anfield Road, All Saints' R.C., Holy Trinity C.E., and Townsend Lane Schools, and was opened for 13 weeks. Total bathers: 7,843 boys, 4,902 girls = 12,745. Number of swimmers in Anfield Road School: 75 boys, 61 girls = 136. The girls of Anfield Road held a successful school gala.

There are in existence seven other school baths suitable for use, viz.: Beaufort Street, Boaler Street, Heyworth Street, Brae Street, Longmoor Lane, Granton Road and Sefton Park. Each of these baths is of good size, and is suitably equipped for class use; their use during the season 1923 is being considered by the Education Committee.

#### School Bathing during Winter Months.

##### (A) SWIMMING BATHS.

As an experiment four of the Corporation swimming plunges were kept open during the months of November and December, and teachers were invited to send classes of scholars for free bathing during school hours. The enthusiastic response is shown by the attendances:

Bath.	November (22 days)		December (14 days)	
	Boys	Girls	Boys	Girls
Margaret Street	5,810	672	4,080	372
Garston	2,061	537	1,655	247
Queens Drive	1,466	196	1,017	91
Steble Street	3,559	603	2,673	310
	12,896	2,008	9,425	1,020

#### (B) PRIVATE SLIPPER AND SPRAY BATHS.

The Baths Committee grant facilities for a limited number of the poorer children to have free use of the slipper and spray baths in seven of their establishments between 4 and 5 p.m. on school days during the winter months. The number of attendances during the months of November and December, 1922, are here given :—

Bath.	November (22 days)		December (14 days)	
	Children	Children	Children	Children
Cornwallis Street	396		326	
Margaret Street	460		279	
Westminster Road	567		388	
Pieton Road	257		219	
Steble Street	869		591	
Lodge Lane	614		477	
Burroughs Gardens	481		361	
Total No. of Baths	3,644		2,641	

Only children who are specially selected by the Head Teachers are sent for these private baths. About eight vouchers per week for each

school adjacent to bathing establishments are issued by the Education Committee.

The "Harrison Jones" Council School has spray baths on the school premises; thirty-six boys have a hot bath each week.

The Voluntary Work of the Sports Committees  
of the Teachers' Association.

The Liverpool Branch of the N.U.T. controls the organisation of games and competitions *out of school hours* for the girl scholars in the Elementary Schools, and the Liverpool Association of Schoolmasters controls the activities of the boys.

The annual reports by the Sports Committees of these two Associations tabulate a very fine record of work done by the teachers in the interests of the physical welfare and development of the children of the city. It is of interest to trace the growth and development of this work during the years 1919, 1920, 1921, 1922, as demonstrated by the following statistics:—

Girls.	Teams Competing			
	1919	1920	1921	1922
<b>ROUNDERS—</b>				
Senior and Junior Competition ...	13	21	59	80
<hr/>				
<b>CERTIFICATES AWARDED.</b>				
	1919	1920	1921	1922
<b>SWIMMING—Prof. Certs. awarded—</b>				
(a) Breast Stroke ... ... ...	393	628	545	735
(b) Distance ... ... ...	205	407	367	483
(c) Speed ... ... ...	69	99	116	175
	667	1,134	1,028	1,395

Boys.	Teams Competing			
	1919	1920	1921	1922
<b>FOOTBALL—</b>				
League Competitions	...	29	69	93
Knock-out Competitions	...	18	33	38
	(1921—)	English Schools	Championship	won.)
<b>CRICKET—</b>				
Group Competitions	...	56	63	71
<b>BASEBALL—</b>				
Senior and Junior Competitions	...	17	33	43
				52

	Certificates Awarded.			
	1919	1920	1921	1922
<b>SWIMMING—Prof. Certs. awarded—</b>				
(a) Breast Stroke	...	1,692	2,179	1,840
(b) Distance	...	1,035	1,346	1,183
(c) Speed	...	110	162	143
		2,837	3,687	3,166
				3,618

(1921-1922. English Schools Championship won by Banks Road Council School).

The Sports Committees controlling these activities of boys and girls are unanimous in stating that there has been a steady increase in the number of children participating, and a higher attainment in the standard of skill. Extracts from the Secretaries' Reports are here appended :—

By Capt. R. W. JONES, M.C. (Secretary, Sports Committee, Liverpool Association of Schoolmasters) :—

“ Predictions made in the last report of your Committee have been fulfilled in every way. Those who co-operated last year have

again given their whole-hearted support; in addition, many other members are now helping in our various activities. We can look to the future with great confidence in the knowledge that more and more active interest is being taken in Boys' Sports, both within our profession and outside. The true sportsmanship of our schoolboys is ever a matter of remark, and it is with pardonable pride that a schoolmaster discerns some recognition of at least one portion of his work. The several branches of sport flourish, and in all cases the numbers of teams in the various leagues exceeded those of last year.

"The certificates specially designed for presentation to schools winning championships in the competitions are now ready, and it is hoped they will form pleasing and perpetual reminders of past achievements.

"The 1921-22 Football Competition continued with unabated success. The City Team reached the fifth round in the E.S.F.A. Though not attaining the final stages, the matches played brought in a revenue which enables us to carry on with the development of all our sports. The Cricket entries constituted a record only beaten by the Baseball in the increased number of entries. Both these competitions were organised in two general divisions, which ultimately gave two splendid representative matches—North v. South. The Finals Day on the Police Athletic Grounds was ably conducted, and evinced the fact that the great difficulty of stewarding these events is gradually being overcome.

"In the swimming world Liverpool Schoolboys still lead the way. The number of Proficiency Certificates gained is greater than ever, and in the examinations by the Royal Life-Saving Society a considerable number of boys were successful. Although the number to constitute a squadron in the Swimming Leagues was increased, yet there was an increased entry, thus swelling the number of boys taking part. There were nine district galas, and it is a mark of great progress in the teaching of swimming that many schools are able to run individual galas. A glance at the Gala returns will show that School Galas in nowise detract from District Galas. Our Committee offers its congratulations to the

boys of Banks Road School on again winning the English Schools Championship. We cannot but recognise the services rendered to our swimming generally by the high standard they set, and their ever-ready response to applications for exhibitions.

“ After careful consideration an Elementary School-Boy 100 yards Flat Race Championship was organised, and resulted in a highly successful competition. A 400 yards Relay also received the support of this Committee.

“ The Sports Committee’s thanks are due to the teachers in our schools who continue their loyal support in the cause of Organised School Sports. It is not difficult for the men, who actually see the benefits derived, to imagine the state of affairs resulting from a discontinuance of their activities.”

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By Miss A. M. MOLLOY (Secretary, Sports Committee, Liverpool Branch N.U.T.):—

“ The Sports Committee has great pleasure in reporting that during the season girls’ sports as organised last year have been carried on with still greater success, showing a large increase in the number of girls participating in them, and the attainment of a higher standard of skill.

“ The introduction of Net Ball as a winter competitive game has been fully justified by the keen interest displayed in it. The Net Ball Leagues, comprising 19 schools, completed a very successful first season.

“ The Rounders Competition has suffered no loss of popularity by the introduction of the new game, the number of entries, 44 Senior and 36 Junior Teams, showing a total increase of 21 teams on last year’s numbers. The notable feature of this season’s games was the much higher standard now reached by the Junior teams, showing a more lively interest in school sports among the younger girls.

“ The Athletic Festival was held on August 30th, in the Tramway Ground, Green Lane. A programme similar to last

year's was arranged, and included the Finals of the Rounders Competition, team and individual races and competitions, varied by displays of Folk and National Dancing. That the events were popular was indicated by the enormous increase in the number of entries which reached a total of 1,970. About 250 children from 30 schools took part in the dancing, the National Dances in costume being particularly attractive.

“ The Swimming Leagues Competition also shows an increase in the number of entrants. Thirty-six schools entered and formed eight Leagues.

“ Four enjoyable and successful galas were held :—1. SOUTH, at Garston. 2. EAST, at Lodge Lane. 3. CENTRAL, at Lister Drive. 4. NORTH, at Westminster Road. Total number of competitors, 1,139.

“ The number of swimming certificates gained this season is the highest ever recorded for girls, many schools having offered candidates for tests for the first time this year. The following numbers were gained in 101 schools :—

1st Class	2nd Class	3rd Class
177	483	735

“ Total, 1,395, an increase for this year of 367.

“ The following Life-Saving Certificates have been awarded :—  
Elementary 44. Proficiency 14.

“ This branch of swimming is now receiving more general attention.”

The Inspector of Physical Training, in presenting this Report to the Elementary Schools Management Sub-Committee, wishes to emphasise the extent and great value of the keen work of the teachers of Liverpool for the physical welfare of the Elementary scholars out of school hours, and strongly recommends that :—

Letters of congratulation and appreciation be sent to the Teachers' Associations responsible for this voluntary work in developing and extending the athletic activities of the City children, viz.:—The National Union of Teachers (Liverpool Branch) and the Liverpool Association of Schoolmasters.

A. E. HARRIS,  
*Inspector of Physical Training.*

7th February, 1923.

